Alberta Health Services

2010 – 2015 Health Plan

Improving Health

for

All Albertans

Alberta Health Services

Statement of Accountability

This five-year health plan for the period commencing April 1, 2010 was prepared under the board's direction in accordance with the Regional Health Authorities Act and direction provided by the Minister of Alberta Health and Wellness.

The strategic direction and priorities of Alberta Health Services have been developed in the context of legislated responsibilities, the AHW's business plan, and provincial government expectations as communicated by the Minister.

Performance measures are included as the basis for assessing achievements.

The board and administration of Alberta Health Services are committed to achieving the planned results laid out in this five-year health plan.

Respectfully submitted on behalf of Alberta Health Services,

"Original Signed"

Ken Hughes
Chair, Alberta Health Services Board Chair

Alberta Health Services

Foreword

The creation of a single health organization for the province was an innovative decision and has now been supported by a five year funding settlement. This will provide our young organization a financial framework within which we can focus on improving health services and changing the health experience of Albertans.

As a new organization, we need to focus on building strong foundations – investing in clinical networks, new information systems, infrastructure and business processes to name a few. While these foundations will support and strengthen healthcare in this province, we also need to embrace the opportunities we now have as one health system.

This plan builds on our strategic plan and reflects a five year vision of significant improvement in population wellness, primary and community care, access to treatments when needed, and support in older age.

We will change the experience of care of all Albertans, through genuinely integrated patient and family centred care.

Alberta is an innovative province and innovation in healthcare is needed as never before. We have to change the way we provide services – offering more integrated care in partnership across public, private and voluntary sectors – where we focus on preventing unnecessary hospitalization. We also need to redesign the whole way we manage the patient journey in our hospitals to be lean and efficient and provide respectful personalized care services for patients and their families.

To achieve this plan many important elements need to be in place. Most important of all, this plan requires the engagement, commitment, skills and knowledge of staff and physicians throughout the organization. We need to work with the people of Alberta on this journey of change to create a system that improves access, quality and sustainability. Alberta Health Services is a new organization; it is also a strong organization as it has a wealth of talented leaders and clinical teams which will rise to the challenge set out in this plan.

This Health Plan was approved by the Alberta Health Services Board in June 2010 and submitted to Alberta Health and Wellness.

Table of Contents

Topic	Page No.
Executive Summary	5
Context	7
Purpose, Process & Structure of the Health Plan	7
Mission, Values and Strategic Direction	10
Who We Are / Quick Facts	11/12
Governance	13
Drivers for Change	14
Consumer Voice	15
Demographics and Health Needs	16
Primary Care / Primary Healthcare	21
Access and Appropriate Service	22
Seniors Health	23
Workplace	24
Sustainability Challenges	26
Service Response Summary	28
Our Strategic Response	29
Staying Healthy / Improving Population Health	31
Building a Primary Care Foundation	32
Improving Access, Reducing Wait Times	33
Choice and Quality for Seniors	35
Enabling Our People to Achieve Excellence in Providing Health Services	36
Enabling One Health System	37
Action Plan	38
Key Enablers for Success	55
Measuring and Monitoring Progress	61
Conclusion	61
APPENDIX	
I. Risk Matrix	63
II. Health Plan Environmental Scan – References	64

Alberta Health Services

Executive Summary

The Premier has set out an ambitious vision for Alberta: "to create the best performing, publically funded health care system in Canada."

We know that if our health system is to be the best, we must tackle the rising challenge of health needs through new partnerships and new innovations. We are committed to this vision, and, in partnership with Alberta Health and Wellness, will work to develop an innovative and sustainable health care system.

Alberta is a province of 3.7 million people, with diverse needs, all of whom will require health care services at some point in their lives. Alberta Health Services, the largest health care provider in Canada, is working to improve health for all Albertans, and will do so by building a strong primary care foundation and by seeking integration, innovation and a patient- and family-centred approach in all that we do.

The 2010-2015 Health Plan, *"Improving Health for All Albertans"*, outlines a five-year vision for Alberta Health Services, and for health care improvements for Albertans. This vision is ambitious. Achieving it will require the ongoing commitment of the Province of Alberta. It will also require the commitment of the 117,000 skilled and dedicated health professionals, support staff, physicians and volunteers, who will ensure standard high quality services are accessible for all, while engaging with families and communities to develop services that will promote wellness and prevent early onset of illness. This Health Plan expands on these goals and further defines specific initiatives and strategies that will be implemented to meet these goals.

This Health Plan identifies the important collaboration work that must occur with AHW and other partners to improve overall population wellness. Health Promotion and Injury Prevention initiatives are an important foundation as we move forward to advance on becoming the best performing, publically funded health system in Canada. These activities will address healthcare disparities across the province and also meet the needs of vulnerable populations. This Health Plan also outlines five Transformational Improvement Programs; foundational elements which will guide significant activity over the next five years:

1. **Building a primary care foundation.** Patient-centred, coordinated and comprehensive health care provided through a robust primary care system has shown to improve the health of a population and to increase the efficiency of health care delivery. It is imperative that AHS, in partnership with Alberta Health and Wellness, offer Albertans access to the best primary care system, and, in turn the best opportunity to maintain good health and access to the services they need. This program of change is designed to address all aspects of primary care including initiatives focused on improving access to addiction and mental health services.

2. **Improving access and reducing wait times.** Timely access to health care results in better clinical outcomes. The development of provincial standards for clinical practice and wait times will help stabilize and improve access to care.

3. **Choice and quality for seniors.** One in five Albertans will be seniors within the next 20 years. It is imperative that seniors have access to services and supports to remain healthy and independent as long as possible. More investment in supportive living is required to expand choice for seniors and to ensure seniors receive the right care at the right time, in the right place.

These priorities will be integrated through a focus on meeting the needs of communities and burden of disease and illness, ensuring that we think about the patient journey and the communities in which they live to focus our solutions in an integrated manner.

As a new organization, we are also concerned with building a strong foundation for success, and have identified two further priorities for action:

4. **Enabling our people to achieve excellence in providing health services.** The performance of our health care system is directly related to the people who provide care and services to citizens, families and communities across the province. Alberta Health Services is committed to empowering our staff and physicians to provide high quality and safe care by providing the appropriate supports, such as education, an attractive and safe work environment and the required tools. Alberta Health Services must engage all staff and physicians if we are to realize our vision and develop a patient-centred culture.

5. **Enabling one health system.** Alberta Health Services is the result of the largest merger in Canadian history. Alberta Health Services is committed to developing administrative support systems and procedures that enable staff and physicians to provide excellent healthcare services to patients, families and communities. The consolidation of the 12 former healthcare entities is a significant undertaking that requires proper planning and determined execution. The delivery of high quality, safe healthcare services depends on efficient and effective supports.

The Government of Alberta recently provided a five-year funding plan that gives Alberta Health Services a new, stable, sustainable budget platform. We are streamlining our back-office operations to ensure that health dollars are spent wisely, and focused on patient care. This stable funding will provide the financial resources required to meet our goals and to put our vision into action.

What does success look like for Alberta Health Services? This Health Plan outlines a series of specific performance measures that will gauge whether we are meeting our goals or falling behind. One of our major goals is to ensure that we provide access to services at the right time, in the right place, for the right need.

We have committed to the government, and to our communities, that we will report back on progress and also share successes and failures in a transparent and public manner.

We invite you to read further to learn further details on our five-year plan by visiting www.albertahealthservices.ca.

Alberta Health Services

Context

Purpose and Process of the Health Plan

The Alberta Health Services (AHS) Health Plan is a public accountability document spanning a five-year time frame. It describes at a strategic level the actions it will take in carrying out its legislated responsibilities with a primary focus on delivery of quality health services. The legislative responsibilities of Alberta Health Services as set out in Section 5 of the *Regional Health Authorities Act* are to:

1. promote and protect the health of the population in Alberta and work towards the prevention of disease and injury,
2. assess on an ongoing basis the health needs of Albertans,
3. determine priorities in the provision of health services in the Alberta Health Services and allocate resources accordingly,
4. ensure that reasonable access to quality health services is provided in and through the Alberta Health Services, and
5. promote the provision of health services in a manner responsive to the needs of individuals and communities and supports the integration of services and facilities in the Alberta Health Services.

The formation of Alberta Health Services (AHS) on April 1, 2009 resulted in the creation of a provincial system of health services and provides for an Alberta-wide coordination of services. This provincial approach to healthcare delivery provides a platform to improve efficiency, foster collaboration, promote equity across Alberta, share best practices and introduce provincial standards for quality and safety.

At the same time, however, there are numerous challenges in the health system, and a need to change the delivery of care to meet Alberta Health Services' Mission of providing a patient-centred quality health system that is accessible and sustainable for all Albertans.

Process

This five-year health plan for the period commencing April 1, 2010 was prepared under the Board's direction in accordance with the *Regional Health Authorities Act* and direction provided by the Minister of Health and Wellness (AHW). The strategic direction and priorities of Alberta Health Services have been developed in the context of legislated responsibilities and provincial government expectations as communicated by the Minister.

This plan supports a provincial government vision of achieving "Healthy Albertans in a Healthy Alberta." It is aligned with *Vision 2020* and other significant government health policy documents. The actions outlined in this plan further the mutual goal of system excellence and address the priorities included in Alberta Health and Wellness' Business Plan 2010 – 2013. This includes:

- a strong foundation for public health,
- coordinated and accessible care in the community,
- options for continuing care,
- effective utilization of health professionals, and
- a more responsive, integrated and accountable health system.

Alberta Health Services

This health plan builds on the *Alberta Health Services 2009 -2012 Strategic Direction*, which was Board approved in June 2009 and served as the initial health plan for our organization. The *Strategic Direction* was created through extensive consultation with a number of stakeholders including physicians, staff, associations, academic institutions and foundations. This consultation resulted in a wealth of information which continues to be used as our organization evolves.

The development of the 2010-2015 Health Plan incorporated input from a variety of sources. This included the priorities for change established by Alberta Health and Wellness, review of feedback by patient and consumers, an analysis of demographics and identification of the most significant and pressing issues related to the health of people in Alberta and the strength of our Health System.

Consultation on a preliminary Health Plan was undertaken with both staff and physicians in Alberta Health Services and with members of the Health Advisory Council. This consultation resulted in a further emphasis within this document in the areas of health promotion/wellness activities, supporting vulnerable populations and in strengthening the commitment towards addressing mental health concerns. It should be noted, however, while this consultation included feedback from 95 members of the Health Advisory Council and approximately 8,000 staff and physicians, it is very important that there is ongoing engagement and consultation with stakeholders throughout the actioning of this Plan. The importance of this engagement is discussed in the latter part of this document.

At the time of writing this Health Plan, work is also underway with AHW to develop a separate joint Alberta Health and Wellness/Alberta Health Services Action Plan. As this collaborative work proceeds there may be some further modification to the initiatives and timelines indicated in this plan.

This plan will be refreshed every year, and provides the foundation for other strategic plans throughout the organization such as the Alberta Health Services Capital Plan, the Information Technology Plan and other service specific plans.

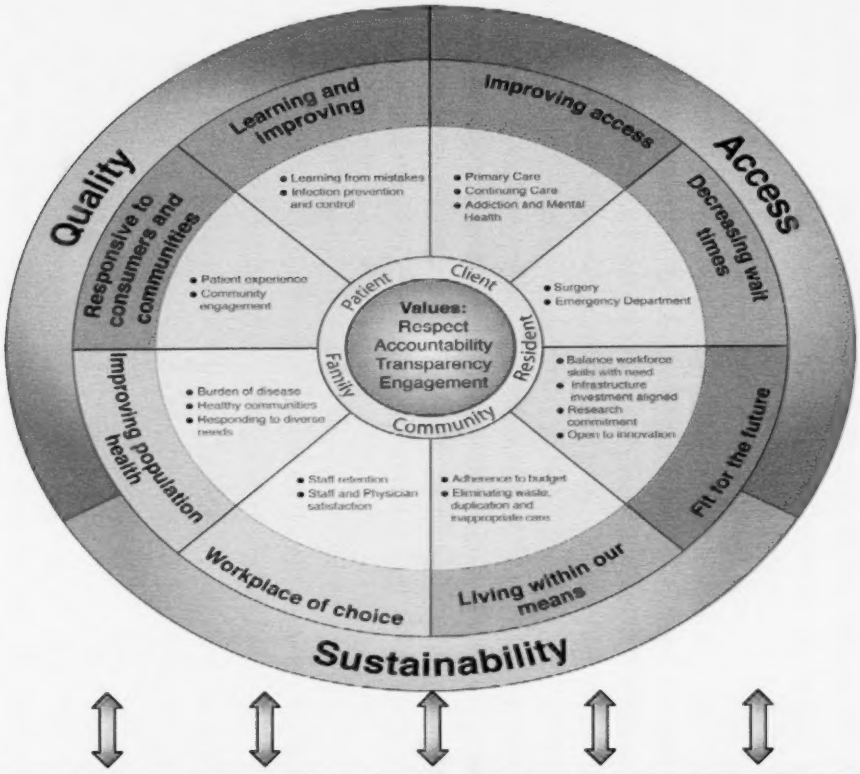
Structure

This health plan provides overview of the challenges, opportunities and strategies which must be instituted over the next five years to improve access, quality and sustainability. This plan is structured to identify:

- Drivers for Change,
- Our Strategic Response,
- Enablers for Successful Change and
- Measuring and Monitoring Progress.

The structure of this plan is illustrated on the following page.

Alberta Health Services



STAYING HEALTHY / IMPROVING POPULATION HEALTH (AHW/AHS Collaboration)
TRANSFORMATIONAL IMPROVEMENT PROGRAMS

1. Building a primary care foundation
2. Improving access, Reducing wait times
3. Choice and Quality for Seniors
4. Enabling our people to achieve excellence in health services
5. Enabling one health service

ENABLERS:

•Investment / Reinvestment of Capital, Information Technology and Human Resources
• Engagement • Change Management • Workplace Redesign • Governance

EXPECTED RESULTS:

• Meeting health needs • Patient and family centred care • Faster and better care
• Staff & Physician Satisfaction • High quality care and safety for all • Better value for money

Alberta Health Services

Mission, Values and Strategic Direction

The **Mission** of Alberta Health Services is:

> To provide a patient-focused, quality health system that is accessible and sustainable for all Albertans.

The four **values** underpinning achievement of this mission create a shared understanding about how Alberta Health Services staff and physicians relate to each other as well as to our patients and the public. These values guide the way services are delivered, define our organization and are part of our strategic foundation. These values include:

- Respect
- Accountability
- Transparency
- Engagement

Our Strategic Direction is structured around three key **goals**. Our future success will be measured by the health and wellness of Albertans, their ability to access the system and our ability to meet these goals within sustainable budgets.

Quality:	health care services are safe, effective and patient-focused
Access:	appropriate health care services are available
Sustainability:	health care services are provided within available resources both now and into the future

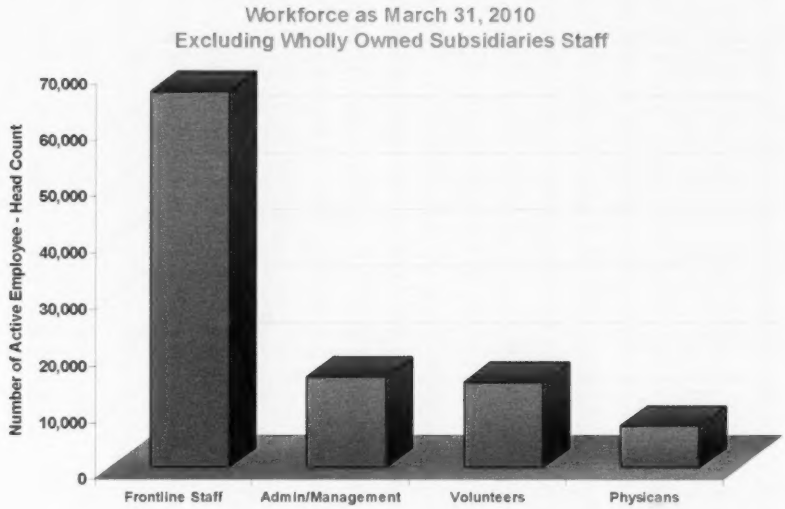
The Strategic Plan contains 8 areas of focus as follows:

- Improving access
- Decreasing wait times
- Fit for the future
- Living within our means
- Workplace of choice
- Improving population health
- Responsive to consumers and communities
- Learning and improving

Alberta Health Services

Who We Are

We are the 117,000 skilled and dedicated health professionals, support staff, volunteers and physicians who promote wellness and provide care every day to 3.7 million Albertans, as well many residents of southwestern Saskatchewan, southeastern British Columbia and the Northwest Territories. This includes approximately 82,500 direct AHS employees and approximately 12,000 staff working in AHS wholly owned subsidiaries such as Carewest, Capital Care Group and Calgary Laboratory Services (excludes Covenant Health staff), 15,000 volunteers and 7,400 physicians (This figure is the total physician count for Alberta both employed and independent physicians). Students from Alberta's universities and colleges, as well as from universities and colleges outside of Alberta, receive clinical education in AHS facilities.



Programs and services are offered at 400 facilities throughout the province, including hospitals, clinics, continuing care facilities, mental health facilities and community health sites.

This province also has an extensive network of community-based services designed to assist Albertans to maintain and/or improve health status. Alberta Health Services contracts with a range of partners, including Covenant Health, municipalities, voluntary and private organizations to provide health services.

Alberta Health Services collaborates with universities, colleges, Alberta Education & Technology and Alberta Health and Wellness to facilitate and foster research to improve health and healthcare.

Alberta Health Services, in collaboration with partners, provides a variety of health promotion, health protection, and direct health services to Albertans. A high level illustration of the volume and magnitude of services delivered by Alberta Health Services is provided below.

Alberta Health Services

Alberta Health Services Quick Facts:

1,956,000 Emergency Department visits
174,200 Urgent Care visits
362,300 Hospital discharges
50,700 Births
1,030,000 Health Link calls
59,135,000 Laboratory Procedures
165,950 MRI Exams
350,780 CT Exams
377,000 EMS Calls/Events

Cancer Care
510,000 Cancer Patient Visits
46,000 Cancer Patients Receive Treatment, Care & Support

Mental Health
15,000 Mental Health Hospital Admissions
493,000 Outpatient Community Mental Health Visits
2,400 Treated for Addiction Problems

Facilities
There are 103 facilities (98 acute care hospitals and 5 stand alone psychiatric facilities; this includes 65 acute care beds in the Lloydminster Hospital, Saskatchewan).

Number of Beds/Spaces	As of March 31, 2009	As of March 31, 2010
Psychiatric (stand alone facilities)	880	862
Acute Care		
Acute Care	6,263	6,328
Acute Care Psychiatric	625	625
Neonatal Intensive Care Unit	258	254
Special Care Units (ICU, CCU, etc.)	359	361
Palliative in Acute Care	97	97
Subacute in Acute Care	117	137
SUBTOTAL ACUTE CARE	**7,719**	**7,802**
Continuing Care		
Long Term Care	14,540	14,391
Supportive Living 3	1,442	1,498
Supportive Living 4	3,194	3,668
SUBTOTAL CONTINUING CARE	**19,176**	**19,557**
Other		
Addiction Treatment	1,295	1,409
Sub-acute (outside a hospital)	415	418
Palliative and Hospice (outside a hospital)	160	162
Community Mental Health Homes	430	450
Community Support Beds	48	54
Alberta Total	**30,123**	**30,714**

Source: AHS Bed Survey as of March 31, 2010

Alberta Health Services

Governance

Alberta Health Services Board Members

Ken Hughes, Board Chair
Catherine Roozen, Vice-Chair
Jack Ady
Lori Andreachuk, Q.C.
Gord Bontje
Teri Lynn Bougie
James Clifford
Strater Crowfoot
Tony Franceschini
Linda Hohol
Dr. Andreas Laupacis
John Lehners
Irene Lewis
Don Sieben
Gord Winkel

Governance at Alberta Health Services is highly collaborative and inclusive process. The Board acts pursuant to the *Regional Health Authorities Act*.

Albertans will continue to provide input on local health issues across the province with the establishment of Health Advisory Councils. The 12 Health Advisory Councils replaced 59 Community Health Councils which operated under the former health regions. The new Health Advisory Councils consist of 10 to 15 members, including a Chair and will each represent a different geographical area.

All Health Advisory Council members are appointed by the Alberta Health Services Board. The mandate of the Councils is to provide feedback about what is working well in the healthcare system and areas in need of improvement. The Councils will engage residents and report on local perspectives of healthcare delivery in communities across the province. This will be discussed further in the later part of this document.

Alberta Health Services

Drivers for Change

This section identifies and highlights the most significant and pressing issues related to the health of people in Alberta and the strength of our health system. This information helps identify where change is needed and will focus the organization in addressing priority areas over the next five years. Data sources and more detailed analyses are contained in the Alberta Health Services *Health Plan Environmental Scan – Technical Document* (see Appendix for list of references).

The determination of priority needs was developed by examining health indicators from existing quantitative data sets, recent internal and external reports and qualitative studies (as referenced above). Information for this health need assessment was analyzed by zones or former health region as the unit of comparison as much as possible.

The indicators were grouped into the following areas:

- Consumer Voice
- Demographics and Health Needs
- Primary Care / Primary Healthcare
- Access and Appropriate Service
- Seniors Health
- Workplace
- Sustainability Challenges

The service response required to respond to the issues is identified at the end of each area and summarized at the end of this section.

Alberta Health Services

Consumer Voice

The people who live in Alberta have diverse backgrounds, varied economic and social circumstances and require or seek a multitude of different things from their healthcare system. To obtain the views of Albertans on their healthcare system, a variety of recent consumer engagement results were reviewed.

The majority of Albertans have told us that they are satisfied with the quality of care they receive once they get into the system, but that the system itself is not easy to access and major concerns still exist around wait times and access to a family doctor. There are still significant barriers to access services for those in rural and remote communities, those with low income, seniors and visible minorities. Seniors want to receive the support and care they require while remaining in their own homes and communities as long as they are able.

Albertans want to see more cooperation and communication among service providers including external agencies and they want to be more actively involved in their own care. They have also asked for better education about their conditions and an increased focus on how to stay healthy. Sustainability of the healthcare system is of key importance to all Albertans and to this end, the public is looking for more transparency in reporting performance and health outcomes.

Quality from the patient perspective includes these essential elements:

- Respect for their needs, values, culture and spirituality.
- Support during times of illness and trauma.
- Effective and compassionate communication.
- Complete information about care and treatment options.
- High quality, safe, readily accessible and timely service.
- Well coordinated, seamless and reliable transitions between services.
- Support to navigate the system.
- Tailoring services and programs to community needs.

Consumer Voice – Service Response Required

- Listen and be responsive to consumers and communities. Mechanisms such as **Health Advisory Councils,** province-wide tracking of **patient concerns** and **patient satisfaction surveys** will enable us to monitor how well we are addressing their expectations.
- Focus on patients and their caregivers instituting a variety of approaches, including technology, to enable people to be partners in their own care.
- Provide **equitable access** across the province and for all populations.
- Provide appropriate access to primary healthcare and specialist care.
- Reduce wait times for a variety of services.
- Establish more **community based options** for seniors support.
- Shift to community care where possible with a focus on enabling individuals.
- Provide better programs for the management and **self-management of chronic disease** and complex health conditions.
- Increase focus on helping people to stay healthy.

Alberta Health Services

Demographics and Health Needs

A variety of factors define the population and their health needs. This section highlights some key demographics and health issues.

A Growing, Aging and Diverse Population

- Alberta, with a population of 3.7 million has been the **fastest growing province** in Canada for the past 10 years and continues to grow faster than the national average. Even with moderate growth, the population is expected to grow to 4.35 million by 2026.
- Alberta has one of the **youngest populations** in Canada, although its population is aging.
- By 2031, it is projected that **one in five Albertans will be seniors**.
- Our population is also **increasingly diverse**, with 16% foreign born and 5.5% Aboriginal people.
- Alberta is home to the **3rd largest Aboriginal population** in the nation, about 60% of whom live in urban areas.

Geographic Comparisons

Demographics by Zone

- North Zone has the youngest population with an average age of 34 years. They have the largest proportion of 0 - 17 year olds in Alberta.
- Calgary Zone has the largest population at 1.3 million and the largest number of births at 18,630 per year.
- South Zone is older with the largest proportion of seniors (greater than 65 years) at 13.4% of the population, with central zone close behind at 13.0%.
- 15.7 % of the population in North Zone is Aboriginal compared to 2.7 % in Calgary Zone.

Determinants of Health by Zone

- Edmonton Zone has the highest percentage of female lone parents (13%); North Zone has the lowest percentage at 9%.
- North, Central and South Zones have the highest proportion of people without high school diplomas at 29, 30 and 32% respectively.
- Average income in the South Zone is almost $20,000 less than the provincial average.

Maternal/Newborn Health by Zone

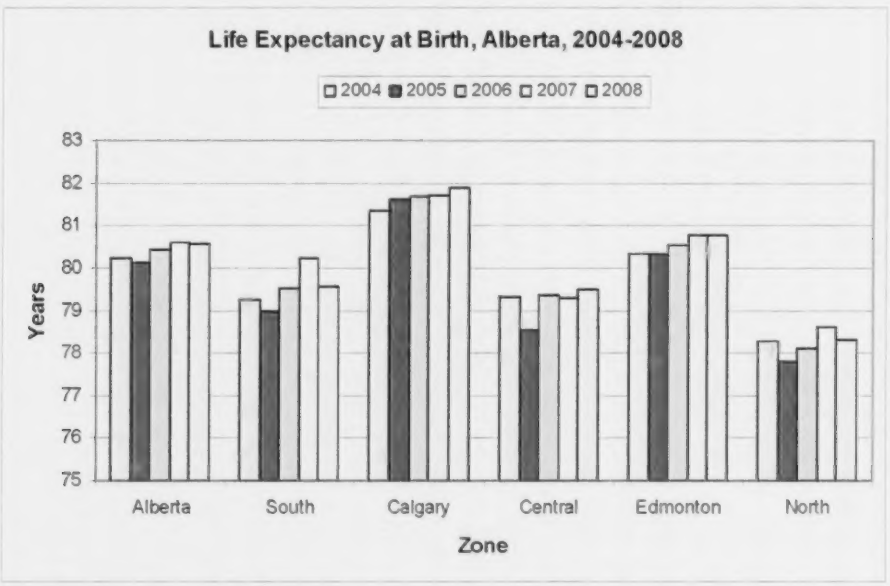
- Infant mortality rates are significantly higher in Central (7.1), Edmonton (6.7) and Northern zones (6.9) than in South (5.4) or Calgary (5.0).
- Teen birth rate is significantly higher in the North Zone at 37.9% and lowest in Calgary at 13.4 %.

Alberta Health Services

Health Disparities

Within the Alberta population there are some significant **disparities in health status.**

- The majority of Albertans enjoy relatively good health and socio-economic status; however, persons with **disabilities, lone-parents, recent immigrants, refugees, and Aboriginal people are disproportionately represented among those with low income and in poor of health.**
- Differences in health status and determinants of health are also evident between **rural and urban** areas. Some key findings in rural areas include:
    - Increased rates of cancer and heart disease,
    - Increased rates of unintentional injury,
    - Increased rates of suicide and self inflicted injury,
    - Fewer Albertans with high school diplomas, and
    - Higher teen birth rates.
- **Life expectancy in Alberta is marginally below the national average.** This is a change from previous years, as in the past, life expectancy was higher than the national average.
- The Health Adjusted Life Expectancy at birth is 1 year below the national average.
- There is significant **disparity in life expectancy between urban and rural zones**. Life expectancy in the North is about 2 years less than for the average Albertan. As well, a child born in Edmonton can expect to live a year less than a child born in Calgary.
- Neonatal mortality in this province is comparable to the Canadian average.



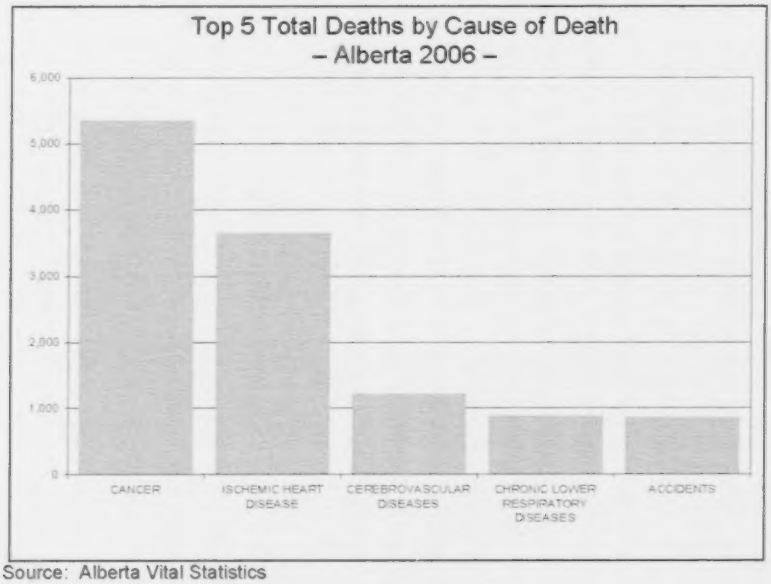
Source: AHS

Performance Report 2009

Alberta Health Services

The leading **causes of death** are cancer, ischemic heart diseases, cerebrovascular diseases, chronic lower respiratory diseases and accidents. Almost 60% of the deaths in Alberta are due to cancer and circulatory diseases.

These causes of death need to be carefully considered to determine opportunities to improve life expectancy.



Source: Alberta Vital Statistics

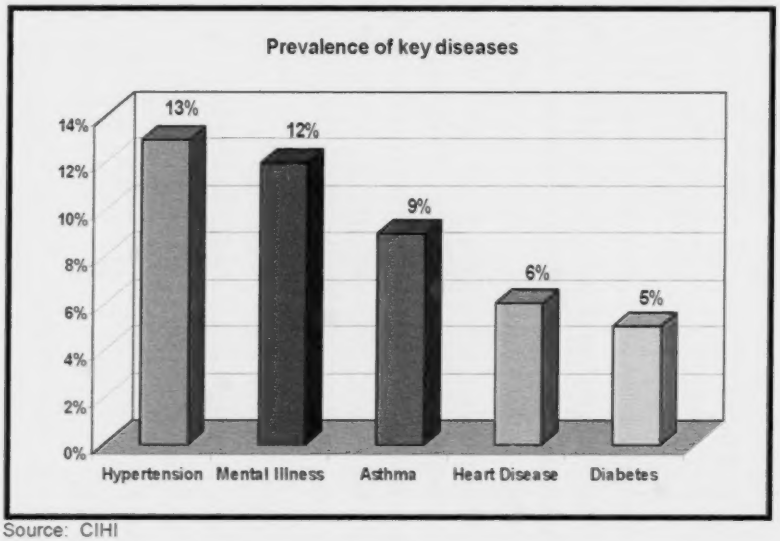
Chronic Disease

The **burden of chronic illness is substantial and growing** at a significant rate.

- Thirty percent of Albertans report having at least one of seven select chronic health conditions (arthritis, cancer, COPD, diabetes, heart disease, high blood pressure, and mood disorders) and the prevalence increases to more than three-quarters of seniors 65 and older.
- The diseases with the highest prevalence include hypertension, mental illness, respiratory illnesses including asthmas and chronic obstructive pulmonary disease, heart disease including heart failure, and diabetes.
- Asthma and mood disorders are key health issues for Alberta children.
- The most disadvantaged citizens are at significantly higher risk and much more likely to be afflicted with chronic illnesses. They are also more likely to experience barriers to service.

The **economic impact** of chronic disease on the healthcare system is substantial. It is estimated that 30% of the population with chronic illness utilize just over 60% of the direct healthcare costs in Alberta. Individuals with multiple chronic conditions consume dramatically more services, especially inpatient days. Also 30% of healthcare resources are used by 'healthy individuals' who could likely self manage many of their needs.

The prevalence of key diseases is illustrated below.



Source: CIHI

A relatively small set of known **behavioral risk factors** are responsible for most of the main chronic diseases including: unhealthy diet, lack of physical activity, tobacco use, alcohol use and obesity. **Obesity** rates are escalating both provincially and nationally. Childhood obesity rates have doubled in the past 20-30 years while fitness levels have declined significantly since 1981.

While Alberta ranks 2nd overall in relation to **health behaviors** there is room for improvement across the province and health behaviors.

There are many influences on personal behaviors beyond simply personal choice, and the health system's response will incorporate strategies to impact those influences (determinants) as well as personal choice.

Lifestyle / Risk Factors	Alberta	Canada
Overweight	34%	34%
Obese	18%	17%
Smokers	23%	21%
Heavy Drinkers	18%	17%
Physically Active	53%	51%
Recommended Fruit & Vegetables	45%	44%

Source: All Age Groups - Adapted from Statistics Canada 2009. Alberta Health Profile

Alberta Health Services

Injury – Intentional and Other

Injuries are largely preventable yet significant resources are spent on injury care each year in Alberta.

- The injury rate in Alberta is the second highest among all provinces.
- Rural Albertans have double the rate of injury hospitalization compared to other Canadians.
- Unintentional injuries are the fourth leading cause of death in Alberta, and results in 31 average years of life lost (life lost is the total of years not lived by an individual who died before their 75th birthday).
- The average premature mortality in Alberta is significantly higher in northern Alberta. This is partially explained by high rates of injury.
- The Aboriginal intentional injury (suicide) rate is two to six times that of the overall Canadian population and results in 24% of all deaths for youth aged 15 - 19 years.
- Injuries cost the Canadian healthcare system billions of dollars every year.

Demographics and Health Needs – Service Response Required:

- Focus on **wellness** and **health promotion.**
- Address health **disparities in rural areas** and low socio-economic populations – those with **disabilities, lone-parents, recent immigrants, refugees, and Aboriginal populations.**
- Target services to match care needs, for specific populations, working to reduce health inequalities.
- Meet the needs of a **growing and aging population that place increasing demands on the health system**.
- Introduce strategies to minimize **chronic disease** incidence and progression including the development of comprehensive care strategies for major chronic conditions and embedding these within a strong primary healthcare system is essential.
- Address the issue of **Injury** through the advocacy and application of inter-governmental policies, public awareness messaging, and suicide prevention/treatment resources, particularly for rural and Aboriginal populations.
- Partner with government, a variety of other stakeholders and the public to address population health needs.

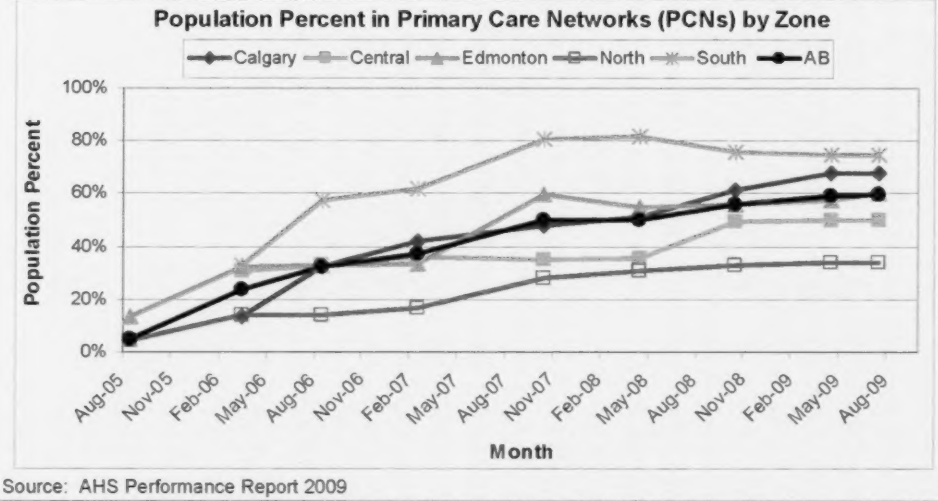
Alberta Health Services

Primary Care / Primary Healthcare

The percentage of Albertans with a regular family physician (80.5%) is lower than the national average of 84.4%. Access to medical doctors varies across the province, with the most significant shortage being in northern Alberta. Insufficient access to family physicians may result in higher use of other parts of the healthcare system.

Primary Care is the care that individuals receive at the first point of contact with the healthcare system, usually provided by family physicians and other healthcare providers. Patients receive care for their everyday health needs, including prevention, diagnosis and treatment of health conditions, as well as health promotion.

A Primary Care Network (PCN) is an arrangement between a group of family physicians and Alberta Health Services to provide primary care services to patients. To date, 33 Primary Care Networks have been established and ten Primary Care Networks are in development. Currently, approximately 66% of Albertans have access to a physician working in a Primary Care Network. As depicted below, the northern part of Alberta has the lowest percentage of citizens connected to this model of care.



Source: AHS Performance Report 2009

Primary Care / Primary Healthcare - Service Response Required:

- **Improve access** to Primary Care Networks and a range of team-based, evidence informed and patient centred primary healthcare services.
- Establish additional primary care services that meet the needs of individuals including those with **chronic and complex conditions**.
- **Reduce health inequalities** and target injury rates through integrated primary and community services working in close partnership with communities, families and patients to support overall **health improvement, prevention of disease illness and injury**.
- Focus on patient and family in all aspects of care.
- Fully adopt an **integrated approach** to care across the continuum.

Alberta Health Services

Access and Appropriate Service

Timely access to care is identified as an issue in a number of key areas. While the public is generally satisfied with care when they receive it, the most frequent concern is related to excessive wait times. Lengthy wait times also result in potential for complications, deterioration in health, unnecessary admissions to hospital and burden on family and other supports. Some significant areas for improvement in access include:

- Wait time for Health Link,
- Wait time to Primary Care Team,
- Wait time to Specialist,
- Wait time in the Emergency Department,
- Wait time for Surgery,
- Wait time for Cancer Care, and
- Wait time for Continuing Care.

Access to care is not solely a function of creating more capacity. Currently, care is often provided in a more intensive environment than necessary which impacts both quality of care and the sustainability of the health system. The provision of care in the most appropriate setting is measured by:

- ***Waiting for Continuing Care Placement:*** This indicator captures the number of people in acute and the community who could be served in continuing care such as long term care facilities, supportive living options, palliative care, etc. The lower this measure, the better the health system has performed in providing living options in a manner that meets the growing needs of the aging population.
- ***"Family Practice" Sensitive Conditions:*** Often patients are seen in the Emergency Department for conditions that could be treated in the community. The lower this measure, the better the health system has performed in supporting people outside of the Emergency Department. Currently, the Alberta rate for "Family Practice" Sensitive Conditions is 28%.
- ***Ambulatory Care Sensitive Conditions (ACSC):*** Often patients are admitted to hospital for conditions that may be treated in the community. The lower this measure, the better the health system has performed in keeping people out of the hospital. Currently, the Alberta rate for Ambulatory Care Sensitive Conditions is 328 per 100,000 population.
- ***Hospital Discharges:*** Alberta has a lower average acuity and a higher rate of hospital discharges per 1,000 population than the rest of Canada (adjusting for age and gender). There is also significant variation in hospital length of stay and hospital discharges per 1,000 population across the province.

Access and Appropriate Services – Service Response Required:

- Take actions that will result in reduced service wait times.
- Introduce a coordinated, evidence and system based approach to **improvements in access and system patient flow.**
- Enable efficient, safe and quality care practices through processes such as **accreditation**, implementation of **standardized clinical pathways** and responding to **patient concerns.**
- Reduce unnecessary variance in practice and standardize care.
- Redesign processes with a focus on workflow and best use of technology.

Alberta Health Services

Seniors Health

Alberta has more than 370,000 seniors, about one in ten Albertans. Each month, the population of seniors in Alberta rises by approximately 1,000. This growth is accelerating as more Baby Boomers reach age 65:

- In ten years, Alberta can expect to have 555,000 seniors.
- By 2031, one in five Albertans (about 880,000) will be a senior citizen.
- Since 1992, the number of seniors 85 years and older has doubled to 50,798 (2010) and is expected to be 71,990 by 2025.
- The rate of dementia is expected to double in the next 30 years.

Senior's health service utilization increases significantly with age. It is important to enable seniors to be as healthy as possible throughout their lives. Some specific issues related to seniors care include:

- More than 4 out of 5 Canadian seniors living at home suffer from a chronic health condition.
- Injury due to falls is high in seniors.
- Seniors want to live in their own homes for as long as possible and have accessible health services, but are limited by the lack of home and community supports. In some communities there is currently very little choice.
- There are not enough facility-based spaces to meet current need. This is reflected in the current number of people in hospitals and in the community waiting for supportive living and long-term care. The number of Alternate Level of Care days in hospital further emphasizes the fact people are not being cared for in the right setting. It also represents an inefficient use of acute care resources.
- The continuing care system is complicated for individuals and their families to navigate and understand.
- Funding for continuing care services does not match service needs which can create the wrong incentives for care providers and impact quality of care.

Seniors Health – Service Response Required:

- Invest in supportive living options to extend the choices available to seniors.
- Better match of service to needs with more options available and enhanced access to caregivers, seniors will be able to live independently as long as possible.

The five pillars to support this change are:

1. Meeting demand of an aging population,
2. Standardized assessments to ensure that seniors get the right care,
3. Supporting independence through choice of options for care,
4. Assuring quality of care, and
5. Equitable funding to providers.

Alberta Health Services

Workplace

The performance of Alberta's healthcare system is directly related to the staff and physicians that provide care and services throughout the province. As Alberta's largest employer, Alberta Health Services has the opportunity to both create a satisfying workplace and to deliver services in a manner that is sustainable for the future. In order to do this, it is important that Alberta Health Services fully engage its people and their skills. Being part of an interdisciplinary team and enabling people to work at full scope of practice are areas that further contribute to service quality, access and sustainability.

The Government of Alberta and Alberta Health and Wellness has identified a number of strategies to address health workforce optimization, utilization and efficiency. These include: appropriate regulation of health workers, development of compensation models, further development of innovative patient-centred service delivery models, enhanced training capacity for health workers and optimizing workflow and utilization of full scope of practice.

The workforce must be viewed in the broadest sense, and be inclusive of a wide array of health professionals and other staff who work in support areas such as human resources, finance, planning and information technology.

Alberta Health Services is committed to enabling staff and physicians to provide excellent care by providing the appropriate supports, such as; education, an attractive and safe work environment and the tools to deliver high quality patient care. To move to higher levels of performance, a shared culture will be developed based on the Alberta Health Services' values of Respect, Accountability, Transparency and Engagement.

Themes identified as important by Alberta Health Services staff and physician partners, in the recent Staff Engagement Survey, include:

- A culture that respects, values and appreciates their contribution.
- Opportunity to be engaged in decision-making and change.
- Opportunity to make a difference: to contribute to improved quality and safety of care and improved health outcomes for patients.
- A healthy and safe workplace.
- Appropriate resources and supports to successfully do their jobs.
- Development opportunities, including competitive compensation.
- Professional autonomy and scope of practice.
- Appropriate workload, flexible scheduling and deployment.
- Clear priorities, accountability and communication.
- Opportunity to contribute to interdisciplinary teams.

Alberta Health Services

Workforce – Service Response Required:

- Promote a culture of respect, transparency, accountability and engagement.
- Establish opportunities for meaningful engagement and open communication including that between staff and management.
- Develop and sustain an energizing work environment that is patient centred.
- Create a work environment that promotes safety and wellness.
- Provide support to learning and development opportunities.
- Enable effective utilization of the health workforce (i.e., scope of practice, interdisciplinary teams).
- Establish workforce and recruitment plans for health professional, technical and other staff groups.
- Redesign processes with a focus on workflow and best use of workforce and technology.

Alberta Health Services

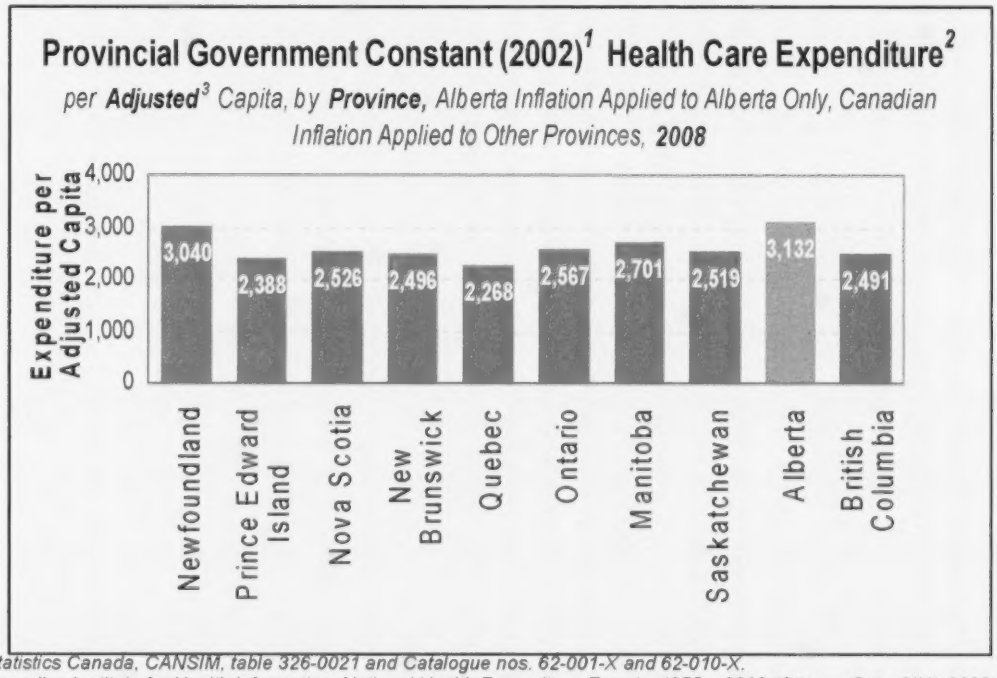
Sustainability Challenges

Sustainability of the healthcare system, in the context of rising healthcare demands, is a major issue in Alberta. The Government of Alberta and Alberta Health Services are committed to effective management of resources to build a stronger healthcare system that will meet the needs of Albertans, now and in the future. This means resources invested in healthcare must realize the best outcomes possible for the population and be invested in the best models of care.

The health system will be challenged to meet the combined pressures of population aging, rising expectations and new technologies. In order for the system to offer the best technologies to the population at large, existing services will have to be delivered at lower cost and new funding sources need to be explored. Re-engineering of current processes to ensure efficient and cost effective delivery is an ongoing requirement. Our health system must also use the best tools to operate efficiently.

The need for sustainability mandates that our strategy for the future include more investment and engagement in prevention. In order to be sustainable, our health system and community will be required to optimize wellness, detection, management, healing and well-being at every stage of the health continuum. Effective partnerships with patients and families will be crucial to allow the continuing shift to a more community-based system of care.

Alberta has many opportunities to become a more sustainable healthcare system. As illustrated below, in 2008 Alberta had the highest adjusted per capita spending in all of Canada.



1 Source: Statistics Canada, CANSIM, table 326-0021 and Catalogue nos. 62-001-X and 62-010-X.
2 Source: Canadian Institute for Health Information, National Health Expenditure Trends, 1975 – 2008 (Ottawa, Ont.: CIHI, 2008).
3 Adjusted Population is Weighted by All-Sector Expenditure by Age and Gender (2007/2008 Population-Based Funding Weights for Alberta). Alberta's weights were applied across all provinces.

Alberta Health Services

Much of the increase in healthcare costs in Alberta can be attributed to serving people in higher cost options (both service and locations) than what is necessary. In addition, the merger of the twelve health organizations has created the opportunity to realize efficiencies and reduce duplication of effort, processes and resources.

Sustainability – Service Response Required:

- Design **alternatives to hospital admission** for conditions suitable for community management – including rapid assessment services, responsive home care, active case management and focus on avoiding unnecessary admission, and unplanned hospitalization.
- Redesign processes with a focus on **workflow** and best use of workforce and technology.
- Reduce unwarranted variance in practice and standardize care.
- Develop alternative service delivery models in partnership with primary care.
- Provide assessment and tailored support for seniors to remain at home and provide care and support to individuals at the end of life.
- Add value through better information to support decision making.
- Minimize transaction costs across Alberta Health Services.
- Create systems that support change through improved processes, policies and technology.
- Leverage the benefits of system consolidation (i.e., finance, human resources, information technology, etc.).
- Encourage innovation, use of research and support transfer of best practice throughout the organization.

Alberta Health Services

Service Response Required - Summary

The previous section has identified the key issues that need to be addressed to improve the health of Albertans and to advance on our goals of improving access, quality and sustainability. While these issues and the associated service response required have been identified separately for clarity of presentation, they need to be considered and addressed in an integrated manner. The major actions required from this review are as follows:

- Improve Health and Reduce Inequities
- Build a Strong Foundation for Primary Care
- Improve Access, Reduce Wait times
- Create Choice and Quality of Care for Seniors

These service changes need to be implemented in a manner which engages the public, physicians and staff; creates a supportive work environment; redesigns processes for efficiency; makes the best use of all assets (including investment and re-investment of capital, information technology and human resources); and takes full advantage of the opportunities afforded by becoming one health system. Our strategic response and the enablers for success will be identified in the next sections of this document.

Our Strategic Response

To address the issues identified in the "Drivers for Change" section of this document, a multitude of initiatives are required. These initiatives need to be undertaken in a manner that engages patients and their families; incorporates best practices and builds on innovations that have occurred both within Alberta and in other jurisdictions; optimally utilizes the skills of individuals throughout the organization; and creates and fosters partnerships with a variety of others.

We have organized our approach to improving the performance of our health system into two streams; which will be strongly linked together. The first stream includes the activities that will be undertaken in partnership with Alberta Health and Wellness to improve the health of the population and strengthen the emphasis on wellness throughout Alberta. The second stream includes a group of five "Transformational Improvement Programs" which are intended to significantly improve the way we deliver care within Alberta, significantly improve the way we support our people to deliver this care, and significantly improve the way our organization operates. These two streams are described below, with the following section identifying some of the specific actions we will be undertaking and the way in which we will be measuring our progress.

A. Staying Healthy / Improving Population Health

Alberta Health and Wellness has established a strong agenda for improving the health of all Albertans through a focus on wellness, health promotion and disease and injury prevention. Alberta Health Services will partner with Alberta Health and Wellness and others to more fully define all of the actions that are required in this arena, with a joint planning activities being undertaken during 2010/2011.

B. Transformational Improvement Programs

In addition to this focus on health promotion, Alberta Health Services has adopted five overarching strategies, "Transformational Improvement Programs", to be key vehicles for change over the next five years.

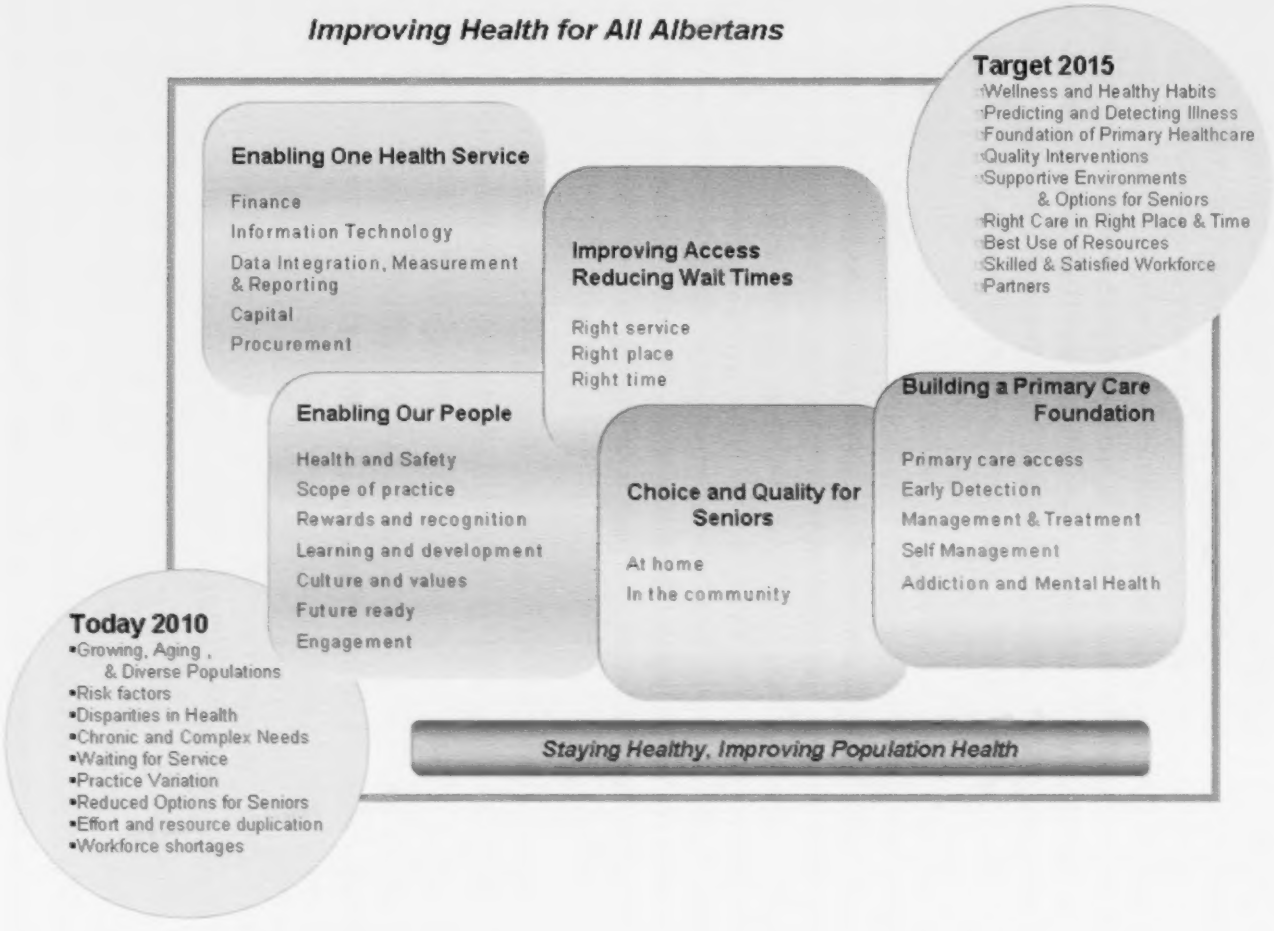
Each of the Transformational Improvement Programs will have key goals to achieve and measures to monitor improvement. These programs are identified as priority areas for management and resource focus; however these will not necessarily involve significant new investment. This may require a greater focus on redistributing resources to provide better equity or a focus on driving efficiency from improved and redesigned pathways of care.

The three major service improvement programs; and two supporting corporate improvement programs are:

1. Building a Primary Care Foundation
2. Improving Access, Reducing Wait Times
3. Choice and Quality for Seniors
4. Enabling Our People to Achieve Excellence in Providing Health Services
5. Enabling One Health System

Alberta Health Services

Within each Transformational Improvement Program, there will be a combination of initiatives that together will leverage significant system change. These Transformational Improvement Programs will create an opportunity to consolidate and focus activity across the organization. They are intended to: create efficiencies, ensure alignment, define appropriate phasing and sequencing and focus Alberta Health Services by determining priorities for investment.



The following pages provide additional detail on Staying Healthy / Improving Population Health initiatives and the Transformational Improvement Programs including: why improvement in this area is important, major change activities to be undertaken and how performance will be measured.

This listing is preliminary and further work is required to determine the priority, correct sequencing and the initiatives that will provide the maximum return on investment.

It should be stressed that these Wellness Activity and Transformational Improvement Programs will require a variety of engagement processes as we proceed. Identification of the general intent and direction of these improvement programs provides a platform for this engagement.

Alberta Health Services

AHW / AHS Collaboration

Staying Healthy / Improving Population Health

WHY IS THIS IMPORTANT?

Our foundation to improve the health of all Albertans is to focus on health promotion and reduce health inequities. Enabling people to stay well and to minimize their need to access health services will improve both the quality of life for Albertans and enable the system to be more sustainable. This focus on health promotion and wellness underlies all of what we do across the continuum of care within Alberta Health Services and requires full partnership with the public, government and a variety of stakeholders.

Health promotion, disease and injury prevention will be addressed in a collaborative manner with Alberta Health and Wellness. Some of the preliminary priority areas are:

- Healthy development (birth outcomes, screening and early detection);
- Cancer and chronic disease prevention (healthy weights, tobacco use, screening);
- Injury prevention (suicide, transportation, falls);
- Addiction prevention and mental health promotion (resiliency, stigma and discrimination, alcohol consumption, illicit drug use, gambling);and
- Health-promoting social and physical environments (health disparities, built environments, social environments).

WHAT WILL WE ACHIEVE BY 2015?

Social and physical environments that enhance wellness and promote healthier behaviours, as well as better access to programs that prevent disease and injury.

Access to cancer screening programs to increase early detection and minimize the need for interventions.

Health issues of vulnerable populations will be addressed through better access to care and through addressing the other determinants of their health.

Prevalence of tobacco use, poor nutrition, alcohol misuse, physical inactivity, stress and injuries (intentional and unintentional) within the population will be reduced.

Health disparities wil be reduced.

Quality of life of Albertans will increase.

Integration and health system response to population needs will be improved.

Program standards, interventions, and targets will be standardized across the province allowing for the need to apply these within specific local contexts.

WHAT ACTIONS ARE WE TAKING?

Building a comprehensive, integrated provincial program to deliver culturally appropriate health services and health promotion initiatives to Aboriginal people across the continuum of care.

Developing strategies, resources and policies to reduce alcohol consumption and alcohol-related harm (e.g. FASD, impaired driving, cancer).

Developing a comprehensive tobacco prevention and cessation system that spans schools, workplaces, primary care, acute care and community settings.

Creating and implementing models to improve organizational capacity for addressing health disparities and enhancing health literacy.

Implementing health promotion strategies and interventions for vulnerable Albertans.

Implementing and advocating for a comprehensive and integrated set of programs and policies to promote healthy weights for children and adults in schools, workplaces and community settings.

Increasing quality and outreach to improve access to and participation in cancer screening programs.

Improving capacity (skills, knowledge, resources, measurement) to promote mental health and resiliency across the life span.

Collaborating with community partners to implement the Alberta Traffic Safety Plan, the Alberta Occupant Restraint Program, and the Alberta Suicide Prevention Strategy (including the Aboriginal Youth and Communities Empowerment Strategy –AYCES).

Implementing the recommendations from the Food Safety Review.

Developing and implementing a comprehensive STI (sexually transmitted infections) control plan.

HOW WE WILL MEASURE PROGRESS?

Refer to section on Action Plan with Performance Measures and targets.

Alberta Health Services

Transformational Improvement Program

Building a Primary Care Foundation

WHY IS THIS IMPORTANT?

Patient-centred, coordinated and comprehensive healthcare provided through a robust primary care system has been shown to improve the health of the population, and to increase the efficiency of healthcare delivery.

With an aging population and chronic disease on the rise, it is imperative that we offer Albertans have access to the best primary care system, and in turn, the best opportunity to maintain good health and access to the services they need, when they need them.

Another key issue that needs to be addressed is supporting individuals with addiction and mental health issues. Improving both prevention and access to supports and services in this area are critical.

WHAT WILL WE ACHIEVE BY 2015?

Every Albertan has a responsible primary care physician and healthcare team.

People are seen by a primary care team member within 2 days hours of their request.

People have access to appropriate 24 / 7 primary care services when required.

People receive timely access to more specialized levels of care including mental health coordinated by the primary care team.

People with medically complex conditions and chronic diseases including addictions and mental health will be supported in the self management of their condition by a strong primary care team.

People have access to high quality coordinated and holistic care and resources to manage and improve their overall health status.

People experience a reduced reliance on the acute care system as a result of improvements in primary care.

WHAT ACTIONS ARE WE TAKING?

Improving access and quality to primary care through the development of a new primary healthcare strategy and primary care model in collaboration with AHW.

Building comprehensive, coordinated and integrated primary care services using new strategies in case management, as well as screening and specialist referral processes for chronic disease.

Improving access to treatment for addiction and mental health.

Increasing the role of the primary care team in health promotion, as well as disease and injury prevention, with key initiatives targeting tobacco reduction, childhood obesity and alcohol consumption.

Enhancing the role of Health Link Alberta, primary care services, Urgent Care Centres and other alternatives in order to improve 24/7 access to appropriate services, in the appropriate time and place.

Strengthening primary care through principles of advanced access and linkage with Alberta Health Services programs and services.

Improving quality and safety of care for people with complex conditions and diseases, using innovative patient centred approaches for self management.

Developing new models to fund primary care teams and infrastructure requirements that improve quality and safety.

Registries, clinical care pathways and targeted approaches will be used to reach Alberta's most disadvantaged and vulnerable populations.

HOW WE WILL MEASURE PROGRESS?

Refer to section on Action Plan with Performance Measures and targets.

Transformational Improvement Program

Improving Access, Reducing Wait Times

WHY IS THIS IMPORTANT?

Timely access supports good clinical outcomes as it reduces the risk of complications due to further deterioration of health, unnecessary investigations and admissions, and the burden on families and other supports.

The development of provincial standards for clinical practice and wait times will assist in stabilizing and improving access, quality, and the sustainability of care.

Development of access standards and programs that decrease wait times across the province will promote intra-provincial equity.

WHAT WILL WE ACHIEVE BY 2015?

Improved quality, safety and access for patients and clients to primary, acute and seniors care as demonstrated by minimal wait times across all sectors and geographies within Alberta Health Services. Long range *maximum wait times* are:

- 1 minute to Health Link
- 2 days to a member of Primary Care Team
- 4 hours length of stay for discharged Emergency Department visits
- 8 hours length of stay for admitted Emergency Department visits
- 1 month to Specialist, then
  - Cancer – 1 month to treatment
  - Non Cancer – 14 weeks to treatment
- 1 month continuing care package of care (including long term care, supportive living and home care)

Improve quality of service and safety through a comprehensive approach to standardized practice for key services in the acute system.

WHAT ACTIONS ARE WE TAKING?

Improving access to specialists facilitated by:
- A single central intake model for Alberta
- A consistent care plan for each of the five diseases accounting for the most hospitalizations

Improved flow quality and safety in emergency departments by implementing innovation such as the medical assessment unit model.

Improving quality through better access to surgery supported by innovations including:
- Surgical networks – provincial block booking of operating rooms
- Bone and joint central intake model and practice standards
- Cardiac surgery central intake model roll out

Increasing access and quality in the treatment of cancer by improving patient flow and capacity.

Increasing standardization and appropriateness for practice by developing clinical pathways through the clinical networks to enhance quality and safety.

Developing consistent criteria for access to diagnostic imaging (e.g. MRI) and creating more efficient means of diagnosing and assessing patients.

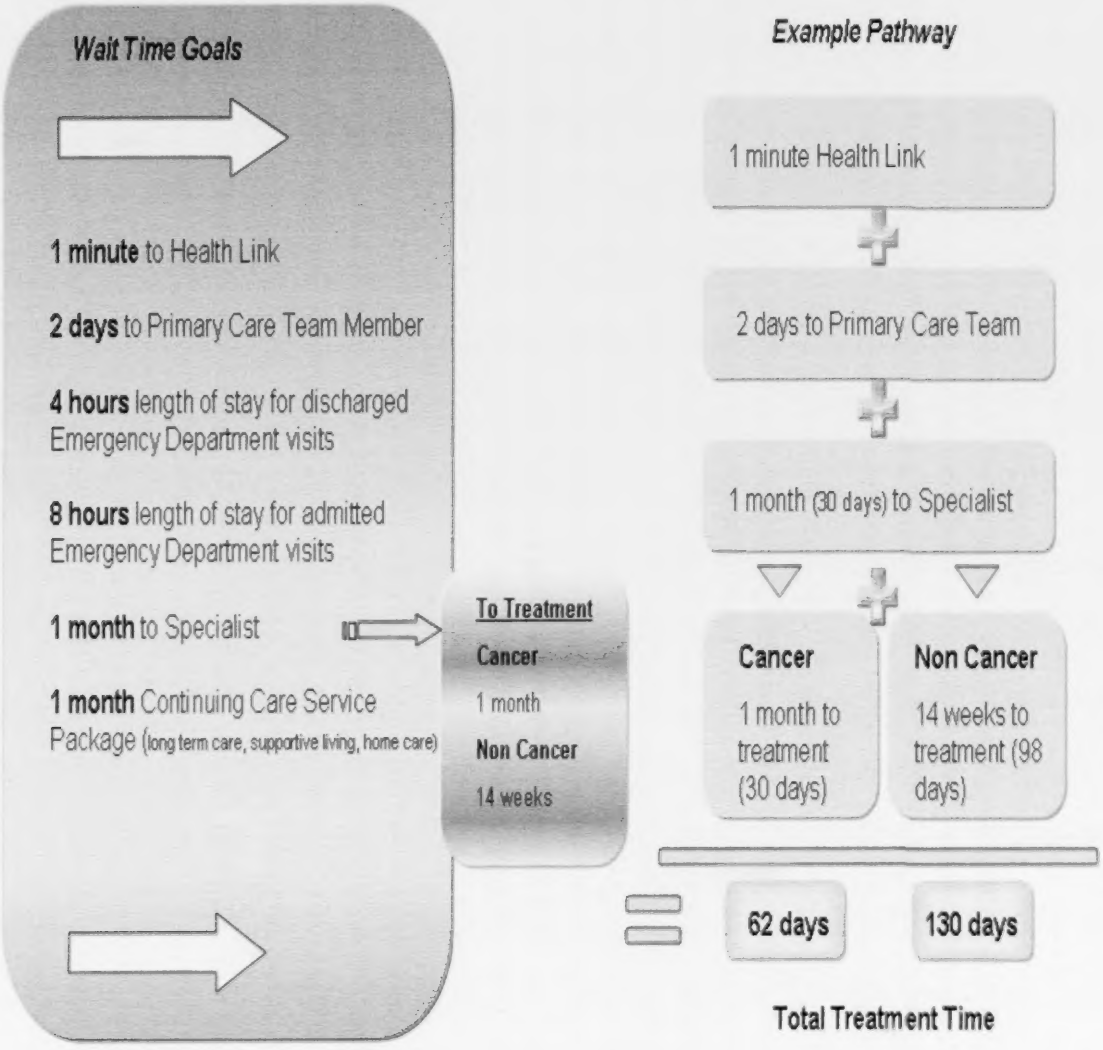
Implementing system flow initiatives in Hospitals, including the transformation project being initiated at University of Alberta Hospital, will improve quality and safety.

Developing activity-based funding where funds follow the patient.

HOW WE WILL MEASURE PROGRESS?

Refer to section on Action Plan with Performance Measures and targets.

Joint AHS / AHW Maximum Wait Times – 5 Year Goals


Wait Time Goals
1 minute to Health Link
2 days to Primary Care Team Member
4 hours length of stay for discharged Emergency Department visits
8 hours length of stay for admitted Emergency Department visits
1 month to Specialist
1 month Continuing Care Service Package (long term care, supportive living, home care)
To Treatment
Cancer
1 month
Non Cancer
14 weeks
Example Pathway
1 minute Health Link
2 days to Primary Care Team
1 month (30 days) to Specialist
Cancer
1 month to treatment (30 days)
Non Cancer
14 weeks to treatment (98 days)
62 days
130 days
Total Treatment Time

Transformational Improvement Program

Choice and Quality for Seniors

WHY IS THIS IMPORTANT?

One in five Albertans will be seniors within the next 20 years. It is important that seniors have access to services and supports to remain healthy and independent as long as possible.

More investment in supportive living options is needed to extend the choices available to seniors. Strategies that allow for a better service match to needs are also important for the overall sustainability of the system. With more options available and better access to caregivers, seniors will be able to live independently as long as possible.

WHAT WILL WE ACHIEVE BY 2015?

Seniors will have access to an increased number and range of living options in a manner that meets the growing needs of the aging population.

Seniors will receive the right care through standardized assessments.

Seniors' wellness and independence will be supported through a choice of options for care.

Seniors can be assured of access to high quality, safe care.

Providers will receive equitable funding based on resident need.

Visits to emergency and unplanned hospitalization of seniors will be reduced through enhanced community and primary care service options.

Comprehensive and seamless community supports and services are accessible across all of Alberta.

Services are standardized across the province with customization for unique client and geographic needs.

All seniors will have access to an appropriate continuing care package (which could include home care) within 30 days.

WHAT ACTIONS ARE WE TAKING?

Strengthening the home care program to allow more seniors the choice to remain in their homes for as long as possible.

Increasing the number and type of living options and spaces across the province through building:

- Accessible and sustainable community living options with coordinating access to continuing care
- A robust seniors health capital and operational plan

Improving quality through enhanced coordination and standardization of services, through system-wide case management, including enhanced linkages to primary care, mental health, public health and other health system resources.

Emphasizing appropriate access and delivery by applying coordinated access policies and consistent admission guidelines for living options and home care.

Improving safety by increasing community capacity and health promotion activities through comprehensive fall prevention strategies and caregiver support initiatives.

Enhancing the use of technology to support senior's independence.

Increasing support to family caregivers.

Implementing standardized assessment and coordinated access using internationally recognized validated assessment tools.

Introducing activity-based funding model to help match care level to need and include incentives for quality.

Developing a quality and safety framework using consistent provincial standards to monitor compliance and report on performance.

HOW WE WILL MEASURE PROGRESS?

Refer to section on Action Plan with Performance Measures and targets.

Transformational Improvement Program

Enabling Our People to Achieve Excellence in providing Health Services

WHY IS THIS IMPORTANT?

The performance of our healthcare system is directly related to the people who provide care and services to the citizens, families and communities we serve. Alberta Health Services is committed to enabling our staff and physicians to provide high quality and safe care by providing the appropriate supports, such as; education, an attractive and safe work environment and the required tools. To move to higher levels of performance a shared culture will be developed based on the Alberta Health Services' values of Respect, Accountability, Transparency and Engagement.

Alberta Health Services must engage all staff and physicians if we are to realize our Vision and develop a patient centred culture. We will only be as good as we can when we have meaningful engagement. Change management support will guide health providers to be truly focused on the needs and goals of patients and their families. In addition, Alberta Health Services has a responsibility to prepare our people to meet the future needs of an evolving health system and an increasingly sophisticated and knowledgeable public.

WHAT WILL WE ACHIEVE BY 2015?

Alberta Health Services will exceed Canadian benchmarks for patient, employee, physician, and volunteer satisfaction rates by 2014/2015.

Meaningful engagement will be a routine and expected part of our culture, allowing us to harness the tremendous energy, motivation, and intellectual capital of the Alberta Health Services workforce.

Alberta Health Services will provide the education, research collaboration, incentives, tools and information to support our people to achieve excellence in health services delivery.

Employees, physicians and volunteers will have a safe and healthy work environment, free from injury.

Employees and physicians will work in an environment that encourages and supports their full scope of practice.

Alberta Health Services culture embodies our values and is patient and family centred, collaborative, innovative, learning oriented; it values people, their contributions and encourages personal growth.

The Alberta Health Services workforce is future ready: has the qualifications, skills, attributes and experience required to provide service excellence that keeps pace with new and emerging practice in health service.

WHAT ACTIONS ARE WE TAKING?

Implementation of staff and physician engagement strategies to ensure our people have a voice and role in decisions that affect them and the people they serve and that they have opportunities to influence priorities and organizational performance.

Implementation of initiatives that; foster a just and trusting culture; enhance experience as well as attract and retain top quality staff and physicians.

Implementation of: a workforce transformation project to pilot innovative work arrangements; scheduling projects; staff and physician recruitment planning; process improvements; and learning and development strategy for employees and physicians that incorporates inter-professional team development.

Implementation of staff and physician compensation/ benefits/rewards and recognition programs; and collaborative labor relations strategy.

Implementation of initiatives to support: staff and physician leadership development and learning strategies; competency development; and succession planning, including operationalization of Physician Management Institute modules.

Implementation of Workplace Health and Safety strategies for certification and mentoring; management systems; stakeholder engagement and communication; and an internal responsibility system.

Implementation of initiatives that enables staff to fully utilize their skills, supports full scope of practice and achieve benefit through use of multidisciplinary teams.

HOW WE WILL MEASURE PROGRESS?

Refer to section on Action Plan with Performance Measures and targets.

Transformational Improvement Program

Enabling One Health System

WHY IS THIS IMPORTANT?

Alberta Health Services is the result of the largest merger in Canadian history. Alberta Health Services is committed to developing administrative support systems and procedures that enable staff and physicians to provide excellent healthcare services to patients, families and communities. The consolidation of a large number of former healthcare entities is a significant undertaking that requires proper planning and determined execution. The delivery of high quality, safe healthcare services depends on efficient and effective supports.

WHAT WILL WE ACHIEVE BY 2015?

Add value through better information and supporting decision making.

- Leaders/staff and physicians will have:
  - Access to timely, accurate human resources and financial information for managing responsibilities and decision making.
  - Access to the information they require to provide the services patients or staff need.
  - The information they need to monitor performance in areas such as service access, quality, safety and cost effectiveness.
- Accountability will be properly delegated and measurement systems in place.

Add value for money from key business systems.

- Customers are served well.
- Performance information, based on standard provincial measurements will be available.
- Service information will be integrated into one model with common reporting.
- Benchmarking of transaction costs will be comparable with other provinces.
- Implement processes that support effective:
  - Service planning and prioritization based on population health needs.
  - Resource allocations to ensure our resources are aligned with organizational goals and objectives.

Create business processes that support efficiency and effectiveness using improved processes, policies and technology.

- Capital resources will be used wisely and there will be appropriate resources to assist with planning and commissioning new facilities and projects.
- Supply contracts will ensure full benefits and competitive costs are realized while supporting business and patient needs.

Develop a single provincial environment that facilitates and fosters health research.

- Implement strategy for reciprocal acceptance of research ethics review decisions across Alberta's Health Research Ethics Boards

WHAT ACTIONS ARE WE TAKING?

Developing similar approaches to service models that provide support to enhance the quality and speed of decision making.

Refining processes to ensure efficient and effective supports are provided to enhance service delivery (in addition to those areas above):

- Policies and procedures
- Legal Services
- Service planning and priority setting
- Resource allocation

Initiating a benchmarking process to ensure Alberta Health Services support service areas provide high quality services in the most cost effective way possible.

Implementation and consolidation of major business systems in the areas of:

- Information Technology for business and clinical areas
- Human Resources
- Finance
- Purchasing
- Data Management

HOW WE WILL MEASURE PROGRESS?

Refer to section on Action Plan with Performance Measures and targets.

Action Plan

The following section details the more specific actions that will be undertaken in each of the areas of

- Staying Healthy / Improving Population Health
- Building a Primary Care Foundation
- Improving Access, Reducing Wait Times
- Choice and Quality for Seniors
- Enabling Our People to Achieve Excellence in Providing Health Services
- Enabling One Health System
- Foundational / Organizational-wide

These actions are aligned with the performance measures and targets that we are aiming to improve. As these actions are operationalized , AHS will be monitoring progress.

1.0 Staying Healthy / Improving Population Health

Priorities for Action	Actions (in collaboration with AHW) Short Term – 18 months by Dec. 2011	Performance Measures	Baseline	Targets				
				2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Improve population health through integrating health promotion and disease and injury prevention programs with other health care delivery services and better co-ordination between health and other government and municipal sectors.	***Screening Programs*** Complete the breast cancer screening program application development project; initiate cervical and colorectal cancer screening program database development project. Enhance collaboration with Primary Care Networks, Zones and other services along the screening pathways; Coordinate the various population based screening program components. Social marketing strategy for breast and cervical cancer screening developed; Culturally appropriate and translated public educational resources; Updated education materials and ongoing health care professional education and client correspondence. ***Chronic Disease Prevention*** Completion of Provincial Oral Health Strategic Plan. ***Injury Prevention*** Identify key areas to align and implement suicide prevention work across AHS. Complete comprehensive evaluation of the Report Impaired Drivers campaign. ***Healthy Development*** Develop strategy to implement *A Million Messages* on a provincial basis. *A Million Messages* is a comprehensive plan to standardize the message given to parents during every contact with a Community Health Nurse. Each message is simple, consistent, routine, and targets an issue that affects children at the appropriate stage in their development. *Screening: Newborn Metabolic Screening:* Provincial standards and guidelines developed and implemented. Evaluation plan developed. *Preschool Developmental Screening:* Five Preschool Developmental Screening projects and evaluations complete, final provincial evaluation complete, economic analysis complete, plan for next steps developed with cross-ministry committee. *Safe Infant Sleep:* Environmental scan, evidence-based key messages established, strategy developed to support professionals communicating key messages, process and outcome evaluation plans developed. *Comprehensive School Health (CSH):* Completed environmental scan, literature review, provincial strategic direction for CSH developed. Healthy Weights logic model developed and Project Evaluation and Reporting Tool (PERT) report completed.	[1] **Life Expectancy** The number of years a person would be expected to live, starting at birth, on the basis of mortality statistics. The number of years a First Nations Albertan would be expected to live, starting at birth, on the basis of mortality statistics.	(2008) Life Expectancy: Both Sexes Combined, Alberta. 80.59 years By Zone: South: 79.51 yrs Calgary: 81.88 yrs Central: 79.49 yrs Edmonton: 80.75 yrs North: 78.28 yrs By First Nations status: First Nations: 67.96 years. Non-Aboriginal: 81.04 yrs.	Over the next five years, AHW expects that life expectancy (LE) would increase in a manner consistent with the Canadian average, with the goal being to be above the national average. There is an expectation that the disparities in life expectancy throughout various zones in the province would decrease over the next five years, with the goal of having life expectancy in all geographical zones above the Canadian average. There is an expectation that there will be an increase in life expectancy among First Nations populations over the next five years.				
		[2] **Potential Years of Life Lost** The total number of years not lived by an individual who died before their 75th birthday.	(2009) Total Population: 47.3 per 1,000 Males: 57.4 per 1,000 Females: 37.1 per 1,000	There is an expectation that Potential Years of Life Lost will be monitored, and that improvements will be seen in PYLL over the next five years.				

Priorities for Action	Actions (in collaboration with AHW) Short Term – 18 months by Dec. 2011	Performance Measures	Baseline	Targets				
				2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Improve the health of the population (continued)	***Addiction and Mental Health*** Tobacco cessation health professional training standardized. Coaching/Knowledge Exchange Community of Practice in place for zone addiction prevention staff. Determine how AHS Mental Health First Aid program will be implemented. Finalize development of provincial tobacco cessation framework for AHS. Complete implementation of AHS Tobacco and Smoke Free Environments policy by September 1, 2010. ***Healthy Public Policy*** Complete Strategy for the Built Environment for Health Promotion, Disease & Injury Prevention (HPDIP) and develop framework for reducing disparities (that includes the social determinants of health). ***Environmental Public Health*** Investigate and plan for a new information system province wide for Environmental Public Health. Develop strategies for continued improvement in restaurant inspection rate. ***Aboriginal Health/ Reducing Disparities*** Create partnerships with Aboriginal Communities to begin to address health issues and concerns. Develop and present cross cultural education forums. Develop a strategic plan to assist Aboriginal People to improve their health. Complete a provincial inventory of existing primary care/Chronic Disease Management (CDM) services and supports to determine what exists for diverse and vulnerable populations, what are the strengths, gaps and needs, and what programming and support are needed. Equip primary care and CDM teams with knowledge, skills and tools to provide diversity-competent services. This includes working with educational institutions, public and organizations serving the vulnerable populations with a goal of harm reduction for all populations.							

2.0 TIP - Building a Primary Care Foundation

Priorities for Action	Actions (in collaboration with AHW) Short Term – 18 months by Dec. 2011	Performance Measures	Baseline	Targets				
				2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Improving Immunization Rates	***Influenza Immunization*** In conjunction with zone operations, develop a seasonal and pandemic Immunization plan to be included in pandemic plan.	[3] **Prevention of Communicable Diseases**						
		[3.1] **Rates of seasonal influenza immunization** by age group in all service zones:	(2008/2009)					
		• Children aged 6 to 23 months	43%	75%	75%	75%	75%	75%
		• Adults aged 65 and older	60%	75%	75%	75%	75%	75%
		[3.2] **Rates of childhood immunization by two (2) years of age in all service zones**:	(2008/2009)					
		• Diphtheria/ Tetanus/ acellular Pertussis, Polio, Hib	80%	95%	97%	97%	97%	97%
		• Measles/Mumps/Rubella	91%	95%	98%	98%	98%	98%
Apply and advance a patient-focused model of **primary health care** that offers care in the community, and provides a team-based provider approach.	Complete a Primary Health Care Strategy & Primary Care model. Strategic priorities addressed will include Funding Models, Referral and Speciality Linkages, Infrastructure, Inter-professional teams, Information Technology/Information Management (IT/IM), Quality Improvement and Governance .	[4] **Percent of Albertans attached to a primary healthcare provider in a Primary Care Network** ****NOT REQUIRED BY AHW***	69% (2009/2010)	75%	80%	84%	86%	90%

Priorities for Action	Actions (in collaboration with AHW) Short Term – 18 months by Dec. 2011	Performance Measures	Baseline	Targets				
				2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Reduce the number of hospital visits and admissions that could have potentially been prevented through the provision of appropriate non-hospital health services.	Develop a provincial strategy to reduce diabetes admissions by one third. Implementation to begin April 2011. Develop and implement an action plan to reduce obesity.	[5] **Ambulatory Care Sensitive Conditions** Rate of hospital admissions for health conditions that may be prevented or managed by appropriate primary health care..[1]	(2007-2009) 308	304	297	282	280	280
	Integrate chronic disease registries to identify populations with chronic diseases, assess uptake of guidelines, and improve the management of chronic diseases. **Access to Primary and Specialty Care** In collaboration with AHW, develop a provincial model that will facilitate access from primary to specialty care.	[6] **Family Practice Sensitive Conditions** Percent of emergency department or urgent care visits for health conditions that may be appropriately managed at a family physician's office.	(2008-2009) 28%	27%	25%	23%	22%	22%
	Enhance the role of Health Link Alberta, primary care services, Urgent Care Centres and other alternatives in order to improve 24/7 access to appropriate services, in the appropriate time and place.	[7] **Health Link Wait Time** * NOT REQUIRED BY AHW	65% in 2 minutes (April 2009 – Feb 2010)	80% in 2 minutes	80% in 2 minutes	80% in 2 minutes	90% in 2 minutes	90% in 1 minute

[1] Ambulatory Care Sensitive Conditions include: Angina, Asthma, Chronic Obstructive Pulmonary Disease (COPD), Diabetes, Grand Mal Seizures/ Epileptic Convulsions, Heart Failure/ Pulmonary Edema, and Hypertension.

Priorities for Action	Actions (in collaboration with AHW) Short Term – 18 months by Dec. 2011	Performance Measures	Baseline	Targets				
				2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Mental Health and Addictions Improve the availability and accessibility of **mental health and addiction services** for Albertans in community settings, especially services for children and youth.	In collaboration with Alberta Health and Wellness (AHW), develop a comprehensive provincial action plan for addiction and mental health services. Develop a provincial sourcing strategy for addiction and mental health contracted services. Action all priorities from the Addiction and Mental Health Strategic Plan and priorities endorsed by the Addiction and Mental Health Clinical Network: • Collaborative pilot project with Calgary Shared Care beginning May 2010 to evaluate the process for development and implementation of a primary care clinical care pathway for depression. • Adopt a concurrent capable approach for addiction and mental health services through development and implementation of standardized screening and assessment. • Framework for clinical development and support with identified core competencies and required professional development systems. • Coordination of work in acute care with Alternate Level of Care (ALC) 2010 plan completed jointly with zones and recommendations to adopt Canadian Institute for Health Information (CIHI) definition of ALC across services to improve monitoring and reporting. Continue to implement the Children's Mental Health Plan for Alberta. All 23 actions will be underway across all zones with evaluation mechanisms in place. Implement the *In Roads* program to improve access to screening, assessment, referral, early intervention and treatment services for youth and young adults (12 to 24 years) who are at risk for, or have developed a substance use problem. Programming to commence May 2010 at three sites (Edmonton, Red Deer and Calgary). Evaluate key actions from 2009-2010, including Community Treatment Orders (CTOs) and Safe Communities initiatives. Increase the access and quality of addiction and mental health services (assessment, treatment and transition) provided within Alberta correctional and remand centres.	[8] **Access to Children's Mental Health Services:** Percent of children aged 0 to 17 years receiving scheduled mental health treatment within 30 days[2]	76% (2009/2010)	85%	90%	92%	92%	92%

[2] This measure is the time a child waits from the point of referral to the time he/ she is seen by a therapist. Scheduled means that the child has symptoms or problems that require attention, but the symptoms or problems are not emergent or urgent.

3.0 TIP - Improving Access, Reducing Wait Times

Priorities for Action	Actions Short Term – 18 months by Dec. 2011	Performance Measures	Baseline	Targets				
				2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Reduce the wait time for **surgical** procedures.	Two-stage surgical blitz that will result in approximately 4,500 additional surgeries. Improving quality through better access to surgery supported by innovations including: • Surgical networks – provincial block booking of operating rooms • Bone and joint central intake model and practice standards • Cardiac surgery central intake model roll out • Finalize the standardization of cardiac wait time measurements for Calgary and Edmonton. • Improve utilization of Pre-Op Assessment Clinic.	[9] **Province Wide Access to Surgery** [9.1] **Wait Time for Cardiac Surgery**: The maximum time that nine out of ten people will wait (in weeks) from decision to treat to treatment, for: Coronary artery bypass surgery (CABG), by urgency level • Urgent • Semi-urgent • Scheduled Source: AHS	(2009/2010) 2.4 weeks 7 weeks 31 weeks	1.5 weeks 5 weeks 15 weeks	1 week 2 weeks 6 weeks	1 week 2weeks 6 weeks	1week 2weeks 6 weeks	1 week 2weeks 6 weeks
		[9.2] **Wait Time for Hip Replacement Surgery:** The maximum time that nine out of ten people will wait (in weeks) from decision to treat to treatment Source: AHS	37.1 weeks (2009/2010)	28 weeks	27 weeks	22 weeks	18 weeks	14 weeks
		[9.3] **Wait Time for Knee Replacement Surgery:** The maximum time that nine out of ten people will wait (in weeks) from decision to treat to treatment Source: AHS	51.1 weeks (2009/2010)	42 weeks	35 weeks	28 weeks	21 weeks	14 weeks
		[9.4] **Wait Time for Cataract Surgery** The maximum time that nine out of ten people will wait (in weeks) from decision to treat to treatment (first eye) Source: AWR	41 weeks (2009/2010)	36 weeks	30 weeks	25 weeks	19 weeks	14 weeks
		[9.5] **Wait Time for all other Scheduled Surgery:** The maximum time that nine out of ten people will wait (in weeks) from decision to treat to the time of surgery Source: AWR	TBD	Confirm baseline and definitions (wait time methodology)	TBD	TBD	TBD	14 weeks

Priorities for Action	Actions Short Term – 18 months by Dec. 2011	Performance Measures	Baseline	Targets				
				2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Increase access in the treatment of Cancer	Develop a provincial strategy for Cancer Care. Open new radiation sites in Lethbridge and Red Deer.	**Access to Cancer Treatment – Radiation Therapy** [10] Wait time for radiation therapy: [10.1] The maximum time that nine out of ten people will wait (in weeks) from referral to the time of their first appointment with a radiation oncologist, by facility	(2009/2010)					
		• Cross Cancer Institute	8.4 weeks	4 weeks	4 weeks	3 weeks	2 weeks	2 weeks
		• Tom Baker Cancer Centre	5.4 weeks					
		• Total	7.4 weeks					
		[10.2] The maximum time that nine out of ten people will wait (in weeks) from the time of a medical prescription for radiation therapy to the start of radiation therapy, by facility						
		• Cross Cancer Institute	5.9 weeks	4 weeks	4 weeks	4 weeks	4 weeks	4 weeks
		• Tom Baker Cancer Centre	4.7 weeks					
		• Total	5.4 weeks					
		Source: AHS						
Emergency Department Services Reduce the length of stay for patients in emergency departments.	Establish Medical Assessment Units and Clinical Decision Units in the Emergency Departments of 2 major urban centres and evaluate for further implementation provincially. Pilot Emergency Department re-direction projects for Seniors. Appropriately redirect seniors home from Emergency Departments. Redirection of EMS clients to Urgent Care Centres Implementation of Treat and Refer protocols to prevent unnecessary ED admissions and promote referral to the appropriate health and/or social service. Implement system flow initiatives in Hospitals, including the Care Transformation Project at the University of Alberta Hospital.	**[11] Emergency Department Length of Stay** [11.1] Percent of patients treated and discharged from the Emergency Department within 4 hours						
		• Busiest 16 Sites	62%	70%	75%	80%	85%	90%
		• All Sites	80%	82%	84%	86%	88%	90%
		Source: AHS	(2008/2009)					
		[11.2] Percent of patients treated and admitted to hospital from the Emergency Department within 8 hours						
		• Busiest 15 Sites	36%	45%	60%	75%	85%	90%
		• All Sites	48%	55%	65%	75%	85%	90%
		Source: AHS	(2008/2009)					

Priorities for Action	Actions Short Term – 18 months by Dec. 2011	Performance Measures	Baseline	Targets				
				2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Improve **patient safety** across the care continuum.	Increase standardization and appropriateness for practice by developing clinical pathways through the clinical networks to enhance quality and safety. Complete full deployment of the Reporting & Learning System (RLS) application across AHS by March 31, 2011.	[12] **Never (adverse) Events**	n/a	Develop methodology & baseline	TBD	TBD	TBD	TBD
	Continue implementation of hand hygiene access points through the Alberta Infrastructure Hand Hygiene grant. Achieve provincial integration of surveillance initiatives for MRSA and C-difficile bacteriums, and blood stream infections. Collaborate with AHW on their review of Infection Prevention & Control (IPC) standards.	[13] **Infection Prevention and Control**						
		[13.1] **MRSA infection rate**: Hospital acquired methicillin resistant staphylococcus infection rate among patients admitted to acute care hospitals in Alberta: incidence of cases per 100,000 admissions	Baseline results will be available in 2010/2011.	TBD	TBD	TBD	TBD	TBD
				Targets will be set following the collection of baseline data and of information on infection prevention and control program activity by AHS.				
		[13.2] **Surgical site infection rates** Rates of surgical site infections within 30 days of surgery	Baseline results will be available in 2010/2011.	TBD	TBD	TBD	TBD	TBD
				Targets will be set following further review of data and a review of national benchmarks.				

4.0 TIP - Choice and Quality for Seniors

Priorities for Action	Actions Short Term – 18 months by Dec. 2011	Performance Measures	Baseline	Targets				
				2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Continuing Care Provide Albertans with options to "**age in the right place**" by enhancing support services and offering more choice and care options to Albertans in their homes and communities.	Expand community and long term care by adding more than 4,000 continuing care over the next 3-years, including at least 1,100 beds in 2010/2011. Implement dementia care strategy. Develop quality mechanisms to ensure quality care is delivered. Ensure standardized assessment standards are utilized.	[14] **Access to Continuing Care** [14.1] Number of persons waiting in an acute care / sub acute hospital bed for continuing care	777	400	375	350	300	250
		[14.2] Number of persons waiting in the community (at home) for continuing care	1,233 (Snapshot as of March 31, 2010)	975	900	850	800	750
		[14.3] Average length of stay for patients waiting in an acute care / sub acute hospital bed for continuing care: • Patients waiting for long term care facility placement	TBD	Confirm definition and methodology, establish baseline, and set targets	TBD	TBD	TBD	< 30 days
		• Patients waiting for supportive living placement in the community	TBD	Confirm definition and methodology, establish baseline, and set targets	TBD	TBD	TBD	< 30 days
Home Care Provide Albertans with options to "**age in the right place**" by enhancing support services and offering more choice and care options to Albertans in their homes and communities.	Expand availability of home care services. Implement consistent homecare service package guidelines Implement Falls Prevention program Enhance Caregiver Support and Respite Services Enhance options for palliative care to better support the end of life needs of seniors.	[15] **Home Care** Number of home care clients by client type: • Short–term client • Long-term client • Palliative care client	TBD	TBD Targets will be set following the collection of baseline data by AHS.	TBD	TBD	TBD	TBD

5.0 TIP - Enabling Our People / TIP - Enabling One Health System

Priorities for Action	Actions Short Term – 18 months by Dec. 2011	Performance Measures	Baseline	Targets				
				2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Health Workforce Efficiently utilize health professionals within care models that match workforce supply to demand, promote team based delivery of services, and allow for better scope of practice application.	Complete Staff and Physician Compensation/Benefits/Rewards and Recognition Program Develop a staff and physician learning and development strategy. Implement Care Transformation project at University of Alberta Complete Staff and Physician Workforce Plan and Recruitment Strategy Establish a framework to facilitate effective participation of physicians and physician leaders in AHS accreditation activities. Develop an AHS physician communication strategy that includes two way communications.	[16] **Health Workforce Plan** [16.1] Ratio of full-time equivalent (FTE) to headcount. This measure supports workforce efficiencies and indicates better ability to effectively manage scheduling and productivity challenges Source: AHS	1.63 (as of March 31, 2010) 1.66 (as of March 31, 2009)	1.63	1.62	1.61	1.60	1.59
		[16.2] Percent of Alberta university/ college Registered Nurse graduates hired by Alberta Health Services	n/a	70%	70%	70%	70%	70%
	Implement workplace health and safety certification and mentoring program Implement a workplace health and safety management system including the development of policies, processes and procedures Establish engagement and communication plan for workplace health and safety	[17] **Disabling Injury Rate** Disabling injury rate (staff injury rate) Source: AHS	2.83 (2009/2010)	2.41	2.2	1.8	1.5	1.5
Enhance staff and physician satisfaction	Develop and implement strategy to improve workforce/physician engagement based upon feedback received. Implement initiatives that foster a just and trusting culture; enhance experience as well as attract and retain top quality staff and physicians.	[18] **Staff and Physician Engagement** Overall engagement score: per cent favorable • Employees • Physicians Source: AHS	35% 26% (2009/2010)	43% 43%	54% 54%	68% 68%	76% 76%	78% 78%

Priorities for Action	Actions Short Term – 18 months by Dec. 2011	Performance Measures	Baseline	Targets				
				2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Information Technology and Information Management Improve the quality and cost-effectiveness in health care service delivery through electronic management and use of medical information. Put in place the consolidated systems and capabilities to create a sustainable operating environment for AHS. Systems range from HR/Payroll and Finance to Clinical Information and Reference systems	Review and update IT Strategy, with input from stakeholders, to reflect updates to AHS directions. Complete IT Roadmaps to facilitate the identification of IT initiatives and priorities. Implement and consolidate major business systems in the area of information technology for business and clinical areas. The Phase 1 IT Security Initiative was the first deliverable in the AHSecure Program. In 2010/2011, the AHSecure Program will continue with several other initiatives, including the first major deployment of Identity and Access Management, secure email deployment, IT risk management framework, and others	[19] **Information Technology and Information Management** [19.1] Alberta Netcare: Number of physician and nurse users who access the Electronic Health Record system across the continuum of care. [19.2] Alberta Health Services Information Technology Strategy: Consolidate, Unify, Optimize. Move to common systems for all of AHS needs to provide standardization around common processes, tools and information. [19.3] Alberta Health Services Information Technology Strategy: Reduction in AHS Information Technology operating budget support consolidation of systems and infrastructure Source: AHS	10,067 peak quarterly Email system, networks and IT services consolidated and optimized $200 Million (2009/2010)	+15% increase from 2009/2010 Complete Phase 1 of HR/Payroll and Financial systems consolidation 24 systems replaced by 2. Pilot Interactive Continuity of Care Record -5% decrease from 2009/2010	+10% increase from 2010/2011 Complete Hr/Payroll and Finance systems consolidation 24 systems replaced by 2. Extend Interactive Continuity of Care Record Complete blueprint for common clinical systems. -5% decrease from 2010/2011	+10% increase from 2011/2012 Begin rollout of common clinical systems Pharmacy Ambulatory Computerized Physician Order Entry -5% decrease from 2011/2012		

Priorities for Action	Actions Short Term – 18 months by Dec. 2011	Performance Measures	Baseline	Targets				
				2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Fiscal Efficiencies Fiscally responsible and good stewardship of resources. Reduce duplication and streamline processes to improve efficiencies.	Develop new operating budget process. Implement and consolidate major business systems in the areas of finance, human resources, data management and purchasing. Complete capital projects reconciliation by year end audit on time. Procure to Pay (P2P) System Installed. Install Budgeting and Management Reporting System Implement and further expand activity based funding methodology.	[20] **Adherence to Five-Year Budgeted Government Funding** Alberta Health Services will operate within the approved five-year funding agreement with the Government of Alberta, and will not record an accumulated deficit at the conclusion of this period as recorded in the overall Alberta Health Services audited financial statements. Surplus/(Deficit)	($527 million) (Year Ended March 31, 2010)	Variance no greater than + or - 1.5% of the annual funding agreement	Variance no greater than + or - 1.5% of the annual funding agreement	Variance no greater than + or - 1.5% of the annual funding agreement	Variance no greater than + or - 1.5% of the annual funding agreement	$0 or surplus variance

6.0 Foundational / Organization-wide

Priorities for Action	Actions Short Term – 18 months by Dec. 2011	Performance Measures	Baseline	Targets				
				2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Deliver a **patient-focused system** that captures patient perspectives on care and services received so as to improve health system quality and responsiveness to patient needs. Increase patient satisfaction with the care and services received.	Implement a provincial Feedback and Concerns Tracking System (FACT) by March 31, 2011. Cross reference other TIP initiatives.	[21] **Patient Satisfaction**[3] [21.1] **Satisfaction with health care services received**: Percentage of Albertans satisfied or very satisfied with health care services personally received in Alberta within the past year.[4]	61% (2010)	65%	66%	68%	69%	71%
		[21.2] **Acute Care – Hospital Services:** Percentage of patients rating hospital care as 8, 9, or 10 on a scale from 0-10, where 10 is the best possible rating [5]	TBD	TBD	TBD	TBD	TBD	TBD
		[21.3] **Continuing Care: Long-Term Care Facilities**. Overall **family** rating of care at nursing homes, on a scale from 0 to 10. Average score.	8.1 (2008)	TBD	TBD	TBD	TBD	TBD
		[21.4] **Continuing Care: Long-Term Care Facilities**. Overall **resident** rating of care at nursing homes, on a scale from 0 to 10. Average score.	8.0 (2008)	TBD	TBD	TBD	TBD	TBD
		[21.5] **Assisted Living**[6]	TBD	Planning stage.		TBD	TBD	TBD
		[21.6] **Home Care**[7]	TBD	Planning stage.		TBD	TBD	TBD
		[21.7] **Emergency Department Care – Past Year**: Percentage satisfied or very satisfied with their or a close family member's services at an emergency department in past year	58% (2008)	TBD	TBD	TBD	TBD	TBD
		[21.8] **Emergency Department Care – Within three weeks of receiving the service:** Percentage rating emergency department care as excellent or very good within three weeks of receiving the service.	65	TBD	TBD	TBD	TBD	TBD
		[21.9] **Emergency Medical Services**	Evaluation of patient satisfaction with Emergency Medical Services is recommended as a priority for implementation in 2011-12.					
		[21.10] **Mental Health Services:** Percent of Albertans who were satisfied or very satisfied with the mental health services they received.[8]	74% (2008)	TBD	TBD	TBD	TBD	TBD
		[21.11] **Addictions and Mental Heath Treatment Services**[9]	TBD	TBD	TBD	TBD	TBD	TBD

[3] Modified November 2010 in conjunction with Health Quality Council of Alberta

[4] Source: Health Quality Council of Alberta. Satisfaction and Experience with Health Care Services: A Survey of Albertans 2010.

[5] Source: Alberta Health Services. Provincial Hospital - CAHPS Survey.

[6] A client survey on Assisted Living services is in the planning stage with Alberta Health Services and the Health Quality Council of Alberta.

[7] A client survey on Home Care services is in the planning stage with Alberta Health Services and the Health Quality Council of Alberta.

[8] Source: Health Quality Council of Alberta. Satisfaction with Health Care Services: A Survey of Albertans 2008.

[9] Source: Alberta Health Services; under development.

Priorities for Action	Actions Short Term – 18 months by Dec. 2011	Performance Measures	Baseline	Targets				
				2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Governance Alberta Health Services demonstrates good governance.	Develop Strategy cycle in conjunction with AHW	[22.1] Timely submission of an AHS Board approved Business Plan and a Health Plan to the Minister of Health and Wellness. [22.2] Timely Quarterly Reports are submitted to the Minister of Health and Wellness • Financial Reports - no later than July 31, October 31 and January 31 after each quarter end. • Performance Reports - no later than 45 days after the end of each quarterly reporting period. [22.3] An Annual Report in accordance with Ministry requirements is submitted to the Minister no later than July 31 of each fiscal year. [22.4] Audited financial statements in accordance with Ministry Financial Directives are submitted to the Minister no later than June 30 of each fiscal year. [22.5] AHS Board annually submits its findings of a self-assessment of Board performance, with actions to improve governance and quarterly updates on progress achieved.						
Community Engagement Effective **community engagement** and public consultation that supports effective planning, delivery and evaluation of health services.	Hold Health Advisory Council meeting in 2010/2011. Create work plans for all Councils including mechanisms councils will adopt for engaging the communities they represent. Establish website on the Community Engagement which will host useful information for Foundations and Health Trusts Disseminate Community Engagement Framework. The methodology of how to engage the community will be available through multiple channels for all staff.	[23] AHS Community Advisory Councils are to submit an annual report to the AHS Board describing community needs and AHS's responsiveness to community needs. This annual submission by AHS Community Advisory Councils is to be delivered to the Minister.						

Priorities for Action	Actions Short Term – 18 months by Dec. 2011	Performance Measures	Baseline	Targets				
				2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Accreditation AHS undertakes **accreditation** activities in compliance with the Minister's directive on mandatory accreditation.	Undertake Accreditation activities. Participate in Accreditation Canada's accreditation process and work within the provincial standards framework. Participate in the College of Physicians and Surgeons of Alberta Accreditation of diagnostic programs.	[24] **Accreditation Status of Health Facilities and Programs** [24.1] AHS and all contracted operators maintain acceptable accreditation status from accrediting organizations deemed acceptable to the Minister. Requirements for performance reports and notifications will be identified in the revisions being proposed for the Minister's directive. [24.2] AHS submits an accreditation report annually that: • Identifies the health care programs to be provided at every AHS and contracted operator site for the upcoming year. • Identifies all proposed accreditation activities for the upcoming year for the facilities and programs it operates or contracts (which includes accreditation activities undertaken by organizations acceptable to the Minister and any additional ones). • Summarizes the past year's accreditation activities for the facilities and programs it operates or contracts (which includes accreditation activities undertaken by organizations acceptable to the Minister and any additional ones). The summary is to include a listing of the sites that received site visits from surveyors. • Summarizes the quality improvement strategies to be implemented in response to recommendations from accrediting organizations.						

Implementation / Moving Forward

Timeline

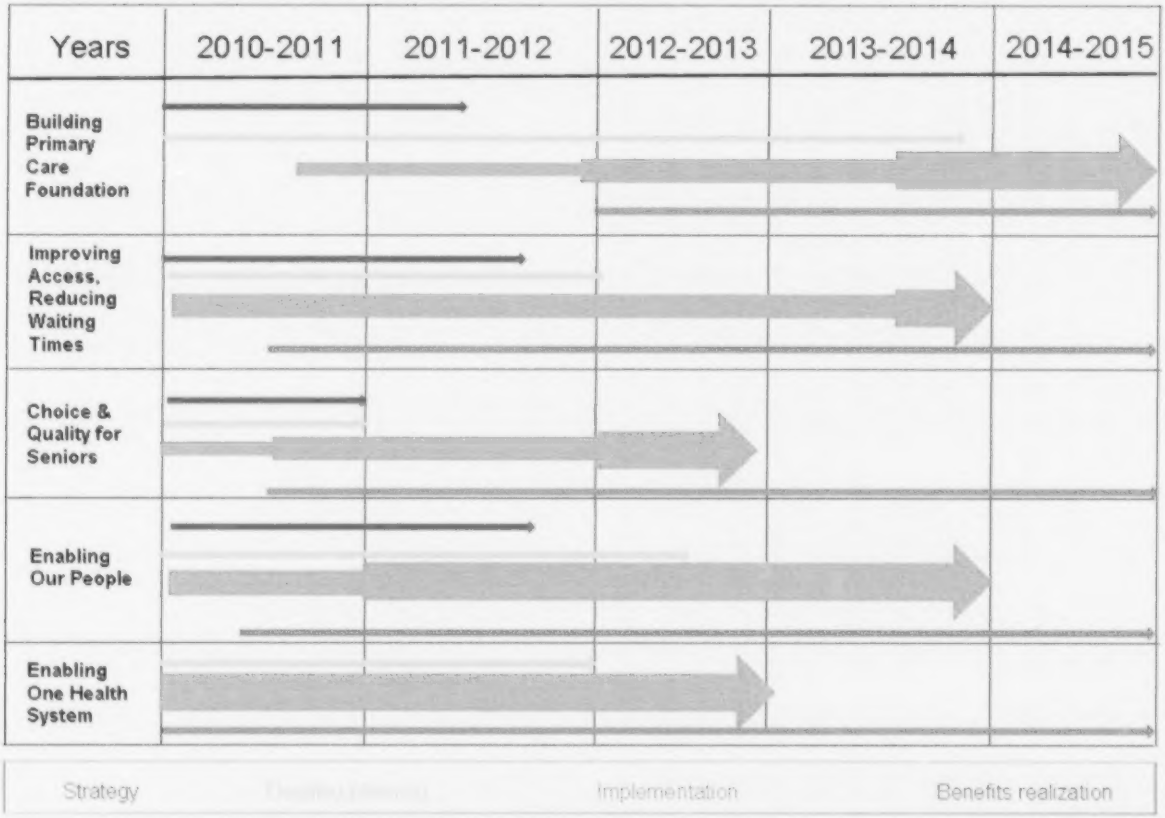
This system wide transformation will take five years to implement and fully realize benefits. The actions identified in this Health Plan will be phased in to ensure that Alberta Health Services becomes an organization with excellent processes and supports to enable success in service transformation. The schedule below highlights the key stages from strategy formulation to actual patient benefits and the early focus on core systems and infrastructure in the organization.

A. Staying Healthy / Improving Population Health

While a number of initiatives are currently underway, AHS and AHW will collaborate in 2010/2011 to develop the full action plan and timeline for this area.

B. Transformational Improvement Programs – Sequencing and Investment

(Illustration Only)



Key Enablers for Successful Change

The successful implementation of change of this magnitude requires a wide variety of enablers to be in place. These enablers include how we organize, how we work with one another and how we use all of the resources and assets available to us in the most effective way. Some of the key enablers are listed below:

Engagement

Some initial engagement has occurred with this plan however it is recognized it is very preliminary in nature. To proceed with implementation of this plan, it is critical that engagement occurs with patients, staff, physicians and the public. This engagement will need to occur in a multitude of ways, and will include the use of both formal structures, like the Health Advisory Councils and the Alberta Clinicians Council and a variety of other engagement processes that are created and tailored to specific strategies and initiatives. Most importantly, the patients and recipients of the care and services we provide need to be involved and be a part of these changes. This includes both participating in individual episodes of care, and in discussions about changes in sites, services and core processes. A focus on connecting with the public and strong communication strategies is essential as we move forward. Two of the formal structures are described below.

Health Advisory Councils

Alberta Health Services now has 12 Health Advisory Councils across the province. Health Advisory Councils are comprised of 10 - 15 volunteer members of the Alberta public selected through a province-wide recruitment drive held in the summer of 2009. All members were appointed by the Alberta Health Services Board. Membership is for a two or three year term and members are expected to represent the voice of the community for the local geographical area related to their Council. Members include individuals who possess deep connections with diverse communities and knowledge about issues in local areas that can be brought forward during Council meetings.

The objective of the Health Advisory Councils is to advise Alberta Health Services on healthcare in the best interest of Albertans. Health Advisory Councils will provide meaningful opportunities for public engagement with Alberta Health Services by gathering input and feedback on local health service delivery issues in communities across the province. Council operations are supported through the Alberta Health Services department of Community Engagement. Each Council has assigned to it a Community Engagement Officer to ensure consistency across the Councils and to further act as a bridge to Alberta Health Services. This vehicle for public engagement will be extremely valuable as we move forward with this plan.

Alberta Clinicians Council and Clinical Networks

The initiation of Alberta Clinicians Council and Clinical Networks is a significant commitment by Alberta Health Services to clinician engagement and involvement in decision-making. Clinical engagement enables shared accountability between clinicians and the organization and enhances a "quality culture" by empowering clinicians and improving collaboration. Effective clinical engagement has the potential to improve healthcare delivery, enhance the patient's experience and outcomes, increase employee satisfaction and aid recruitment and retention.

The Alberta Clinicians Council will provide advice and support on significant clinical strategic issues and organizational priorities related to quality, access and patient safety. The Clinical Networks will engage clinicians, patients and other support departments in their decision-making about clinical services planning and implementation, clinical practice improvement, quality and patient safety. Clinical Networks are "on the ground" working groups that will be diving deep into evidence-based, targeted work, developing service models and clinical pathways, and seeking out leading practices and ensuring those practices are applied consistently across the province.

Research and Innovation

Alberta Health Services needs to embrace innovative solutions to meet current and anticipated future challenges. We also need to support research to improve health and healthcare. Alberta Health Services will support research and will utilize research based evidence; best practice and models to provide a roadmap to high productivity and improved outcomes. The Alberta Health Innovation and Research Strategy highlights the importance of translating research into action and being forward looking in meeting existing and emerging population based health challenges in Alberta. This is a shared objective for Alberta Health Services and University partners, Alberta Health and Wellness and Advanced Education and Technology.

Organizing for Success

Alberta Health Services

The Transformational Improvement Programs and enablers are key to changing how healthcare is delivered in Alberta. As such they require governance that will be able to act across the organization, geographic areas and portfolios. To facilitate the successful implementation of the Transformational Improvement Programs a number of new mechanisms will be introduced into the organization. These include:

- Consistent organizational approach to project management and use of "tools" such as charters, business cases, etc.
- Clear gateway processes which ensure investment decisions are unbiased and evidence based with benefits to the system clearly articulated.
- Track performance (benefits realization) at system level and then through to community zone, hospital site and zone co-ordination (geography) level, against performance targets.
- Mechanism to prioritize investments and create clear linkages with enablers such as Information Technology, Health Information Management (Health Records), Capital, etc.

It is recognized that Alberta Health Services will need to review the range of strategic programs and align resources in light of other initiatives to ensure that sufficient resource is deployed, and /or projects are deferred, to enable success of the key initiatives.

Partnerships

Alberta Health Services will work in partnership with Alberta Health and Wellness to deliver this plan. However, to move forward on this plan, it is clear that it will require strong partnerships with a wide variety of others. We currently have a number of long standing partnerships which bring great strength to our organization. However, a web of existing and new partnerships with external stakeholders is now required to address health care challenges and deliver on our future service directions. These partnerships need to be considered in all realms, including some partnerships that are beyond traditional health care delivery partners, or our typical practice.

Partnerships can be described along a continuum of formality/legal relationships, and a variety of types of "partnerships" will be required as we move forward. Working with others will enable Alberta Health Services to understand the unique needs and opportunities for collaborating to improve health for specific populations (e.g. Aboriginal communities, person with disabilities, lone-parents, recent immigrants, etc.).

As described in the initial sections of this document, most of the challenges faced by Alberta Health Services are not unique, and are being experienced by health systems throughout the world. As there is a global hunt for solutions, it is important that we work with other health systems to capitalize on their best practices. These kinds of health system partnerships need to occur at the international, national, provincial, and local levels.

The importance of partnering with other health care providers is self-evident, especially related to the strategic directions of integration. Partnering and working with professional associations/unions will also be critical as we introduce new ways of working.

Intersectoral partnerships are fundamental to the strategic directions of connecting with people on a community level. School Boards, United Way Services, YMCA, YWCA, Family Services, cities, towns and communities are but a few examples of organizations that are critical for us to work with.

Developing stronger partnerships with health care educators is becoming increasingly important. Along with education, greater emphasis on the relationship between health care delivery and research is critical to where we want to be in the future. Other broad types of partners include working with businesses, contract providers, and a variety of philanthropic organizations and foundations.

Finally, as described elsewhere in this document, the most important partnerships of all will be those that we create with all people in this province to enable them to participate in their own health and health care.

Information Technology / Infrastructure

A wide variety of information technology and infrastructure will be required to enable transformational change. The infrastructure required will be detailed in the future Capital Plan. Significant investment is currently underway to provide a foundation for the way that care will be delivered into the future including the electronic medical record and the Alberta Netcare. The newly developed Health Technology Assessment and Innovation Branch will also identify and stimulate the adoption of healthcare technologies and innovations to improve access, quality and sustainability.

Financial Enablers

This Health Plan makes a compelling case for improvement of quality, outcomes and value. Resources must be invested carefully over a sustained period to enable these changes. Alberta Health Services has been awarded a five year funding agreement to 2014/2015 by the Ministry, the first of its kind in Canada. This funding package also enabled Alberta Health Services to eliminate an accumulated deficit, thereby creating a solid foundation to move forward. This investment and length of funding agreement will enable the health system to plan with future financial certainty.

Alberta Health Services has significant resources and assets available to deploy for the benefit of Albertans health and wellbeing. It is Alberta Health Services key responsibility to not only act as a good public steward of these funds but also ensure that there is excellent value for money.

This change therefore must involve careful investment in the right parts of the health system to support patients and communities to stay healthy and manage illness efficiently. It is the health systems' responsibility to spend this investment to drive improved outcomes and value.

The significant and necessary growth in both seniors living options and acute care capital infrastructure also requires considerable investment of the available new money in the next two years. It is very important for Alberta Health Services to invest future years funding to enable efficient health system change. This releases funding for reinvestment from one part of the system to another - for the benefit of the whole.

Specific investment plan for 2010/2011

The increase in funding for 2010/2011 is $1.3 billion. The budget allocations represent decisions to stabilize funding for ongoing operations and to invest in targeted areas to achieve service improvements. Alberta Health Services plans to eliminate the deficit as per Alberta Health and Wellness agreed funding and establish appropriate funding levels for those areas where ongoing operations require additional funding.

Investment in transformational initiatives is intended to support a select number of initiatives which require funding now to further Alberta Health Services' longer term strategy. Focused investments such as these which are targeted to select strategic priorities will occur on an annual basis, such as seniors beds which reflect the importance attributed to expanding services available to seniors in the community. It is one component of an ongoing plan which will be reflected in future year expenditure plans.

Not all capital investments are funded through specified government investments. The 2010 investments envisaged will reflect the need for Alberta Health Services to support agreed capital projects through investment of operating funds, including funding allocations which are necessary to support operating costs associated with construction completed for acute facilities while a strategy is finalized on the appropriate number mix and distribution of services for the Province. Service providers such as long-term care operators experience annual increases in operating costs. An allocation, which will be linked to the commencement of activity-based funding, will be made for these costs.

Allocations will be made for the full ongoing impact arising from planned initiatives which were started part way through last year but will incur a full year's costs in this fiscal year. The bulk of the Alberta Health Services expenditures, approximately 70%, are to pay the people involved in delivering and supporting health services, therefore compensation allocation will cover increases in those costs. There are many other types of expenditures such as merger costs, interest payments, and supply costs. Increases in these costs are also to be planned in the operational budget.

In order to support the increases in expenditures outlined above and continue to drive improvement in care will establish annual efficiency targets for reinvestment in front line care. Alberta Health Services will continue to set savings targets each year as efficiencies in process are identified for the betterment of the healthcare system.

Financial reform to support efficiency and equity

It is important that the focus on standardizing the delivery and quality of care is also balanced by a transparent and standardized funding system based on both number and type of care undertaken, but also the timeliness, quality and patient experience of this care. This provides incentives for providers of care to work toward this target level of funding and reduce the cost of care – sharing in the opportunity regarding reinvestment of savings made to support better care,

Alberta Health Services will also seek to objectively assess when it is appropriate to contract for healthcare services. This decision will be made on the basis of what is best for patient care and best value.

Alberta Health Services will examine opportunities to improve the allocation of resources – redistribution planning for better equity between programs of care (e.g. cancer or mental health) to meet needs of the population and also manage redistribution to and from key populations receiving more or less service access than health needs indicate.

Risk Management

Major change programs by their very nature have numerous risks that require identification, management and mitigation. Risk management of these initiatives will be integrated into the organizational approach to risk analysis and evaluation. There are several categories of risk that need to be considered such as quality and patient safety, external environment and public confidence, human capital, infrastructure and finance. Some examples of potential risks and mitigation strategies are included in the Appendix. These risks will be incorporated into Alberta Health Services' organizational risk registry.

Success requires that the following risks components are in place:

- Management expertise in delivering redesigned services on a provincial scale.
- Change effort adequately resourced. Skills, methods, systems and staff are identified to support change.
- Clinical leadership is sufficiently engaged in enabling the delivery of this change.
- Investment priorities adequately balance the necessary investment requirements for information technology and capital infrastructure, which will enable change, against pre existing commitments and ongoing maintenance investment.
- Organizational focus on key priorities for improvement and aligning resources for delivery (so that daily patient care operations are not at risk from pace and burden of large scale change).

Measuring and Monitoring Progress

Throughout this document, a variety of performance measures and targets have been identified. It should be noted that many of the current performance measures are being utilized because of their availability, ease of access or because they have been reported historically. Alberta Health Services strongly believes we have an excellent opportunity to develop more clinically relevant measures – ones that help to move the organization forward. In addition, measures need to enable the public to understand the value provided by health funding expenditure.

We will be actively monitoring our progress in achieving our goals, and providing staff and physicians with data needed to improve performance and results. We will report our progress to the government and public providing the level of transparency that is expected of our publically funded organization.

We will work with consumers, clinicians, Alberta Health and Wellness and the Health Quality Council of Alberta to develop these measures. Interim and future performance measures are summarized in the Appendix. Advancing on these areas will enable Alberta Health Services to measure on our goals of Access, Quality and Sustainability.

Alignment of Goals, Targets, and Performance Agreements

To support advancing this plan, it is critical that the performance of the Chief Executive Officer, Executive, staff and physicians throughout the organization is measured in ways that align to the plan's targets and goals. These are cascaded throughout the organization, and provide the foundation for annual performance appraisals.

Conclusion

The creation of Alberta Health Services was a bold move to advance health service delivery in Alberta. During the past year, much work has been done to provide a strong foundation for moving forward.

The next five years provide unprecedented opportunities to fundamentally improve the health of individuals in Alberta and to do so in a manner that creates sustainability for the future.

Transformational directions for achieving these goals include collaborating to promote wellness / improve population health, building a primary care foundation, improving access / reducing wait times and creating choice and quality for seniors care. In addition, Alberta Health Services needs to focus on our workforce and capitalize on the opportunities created by the merger.

Alberta Health Services must position itself to fully implement these changes; work with patients, public, our partners and the government; and ensure that all staff understand their contribution to achieving this system wide change.

Appendices

Appendix I –Risk Matrix (will evolve incorporating Risk Framework)

Risk	Mitigation
Quality and Patient Safety	
Increased activity and/or growth consumes available additional investment	1. Re-assess activity, phase in initiatives 2. Phase in savings initiatives sooner to cover the shortfall 3. Review initiatives and their contribution to investment 4. Review programs with potential to disinvest
Transformational Improvement Programs do not deliver anticipated outcomes	1. Assess activities/ outcomes to date 2. Review initiatives in progress, achievements/outcomes 3. Review initiatives with potential to disinvest those with limited results 4. Add new initiatives as required
Skill shortage affects/ outcomes	1. Identify key skill gaps 2. Design development plan to address skill gaps 3. Bring in external resources to cover interim capacity gap 4. Build internal capacity with training/ mentorship/education
External Environment and Public Confidence	
Existing providers fail to cooperate with major changes	1. Stakeholder engagement plan 2. Put in place strategy improvements in change management and communication plan
AHS cannot provide new services	1. Develop service agreements with providers/ partners where needed
Human Capital	
Workforce implications of new programs inadequately managed	1. Detailed planning to identify workforce issues early 2. Create right incentive/performance structure 3. All programs will have detailed stakeholder analysis and engagement
Competencies within improvement teams are insufficient to deliver change efficiently	1. Develop organizational development plan to improve skills 2. Bring in external resources to cover capacity gap and 3. Build internal capacity with training/ mentorship
Insufficient supply of staff trained to serve in new program areas	1. Maintain existing training programs 2. Work with training institutions to increase training spaces 3. Introduce computer based CBT 4. Put mentorship program in place to fast track training of staff
Insufficient management resource allocated to specific projects	1. Develop organizational development plan 2. Management team to identify and formally approve project team for each initiative once detailed plan is developed
Infrastructure and Finance	
Lack of resources to support IT based pathways/ business systems	1. Review IT projects identifying most significant , then follow up with investment in capacity and strategy development 2. For lower impact projects: Re-scope, delay start, phase in over longer time frame, discontinue
Savings initiatives fall short of targets	1. Have additional potential initiatives on track to make up difference 2. Re-scope or downsize some initiatives or phase in over longer time frame
Slow uptake on new technologies, systems and processes	1. Ensure training in place for new technology and processes 2. Ensure change management resources support new systems, technology & processes 3. Engage staff and stakeholders early
Resource allocation assumptions/ projections for initiatives inaccurate	1. Develop alternative funding scenarios in line with prioritization 2. Keep under review and benchmark against other initiatives/ assumptions 3. In years 1 & 2 identify potential areas for service decommissioning in light of decline in position 4. Re-scope or downsize some initiatives or phase in over longer time frame

Appendix II

Data sources and more detailed analyses are contained in the Alberta Health Services *Health Plan Environmental Scan – Technical Document.* The following is the list of references utilized in the Technical Document:

1. 2009 Cross Ministry Government of Alberta E Scan, Government of Alberta, April 2009
2. 2009 Measuring and Monitoring for Success. HQCA
3. 2009 National Report Card, Canadian Medical Association August 2009
4. 2010 National Institute for Health and Clinical Excellence (NICE)
5. A Foundation for Alberta's Health System. Report of the Minister's Advisory Committee on Health. A New Legislative Framework for Health. Government of Alberta January 2010, http://www.ministersadvisorycommitteeonhealth.ca/documents/MACH-Final-Report-2010-01-20.pdf
6. Alberta Health and Wellness Business Plan 2009/2010 – 2011/2012, Government of Alberta. Alberta Health and Wellness, April 2009, http://www.finance.alberta.ca/publications/budget/budget2009/health.pdf
7. Alberta Health and Wellness, Continuing Care Strategy, Aging in the Right Place. Dec. 2008
8. Alberta Health Services Board Quality and Patient Safety Dashboard Background Paper (December 2009).
9. Alberta Health Services Strategic Direction Document (2009)(3)
10. Alberta Health Services, 2nd Quarter 2009/2010, Strategic Directions Performance Report, Dec. 14, 2009
11. Alberta Health Services, Performance Report (December 2009): Data Integration and Measurement Reporting.
12. Alberta Health Services, Provincial Summary – Continuing Care Capital Plan and Provincial Maps, Senior's Health Portfolio
13. Alberta Health Services, Surveillance & Health Status Assessment, Population and Public Health Department
14. Alberta Health Services, What We Heard" Rural Health Strategy Companion Document Dec 2009
15. Alberta Pharmaceutical Strategy, Government of Alberta. Alberta Health and Wellness, May 2009, http://www.health.alberta.ca/documents/Pharmaceutical-Strategy-2008.pdf
16. Canada Health Consumer Index 2009
17. Canadian Institute for Health Information CIHI, Statistics Canada; Health Indicators 2009 (7)
18. Canadian Institute for Health Information CIHI, Waiting For Health Care in Canada; Tracking Progress on Wait Times (21)
19. Canadian Institute for Health Information CIHI, Waiting For Health Care in Canada; What We Know and What We Don't Know
20. Canadian Institute for Health Information National Health Expenditure Trends, 2008
21. Canadian Institute for Health Information, Health Care Use at the End of Life in Saskatchewan (Ottawa: CIHI, 2008).
22. Canadian Institute for Health Information, Health Indicators 2009 (Ottawa, ON: CIHI, 2009)

23. Canadian Institute for Health Information, National Health Expenditure Trends, 1975 – 2008 (Ottawa. Ont.: CIHI, 2008)
24. Canadian Institute for Health Information, Reducing Gaps in Health: A Focus on Socio-Economic
25. Canadian Institute for Health Research (CIHR), CIHR Helps Address Health Care Wait Times (12) http://www.cihr-rsc.gc.ca/e/30745.html
26. Canadian Medical Association: Alberta College of Family Physicians of Canada ...And still Waiting Exploring Primary Care Wait Times in Canada (April 2008).
27. Canadian Medical Association: Alberta College of Family Physicians of Canada Discussion Paper (The Primary Wait Time Partnership).
28. Chronic Disease Projections 2006 to 2035 Ischemic Heart Disease. Surveillance and Environmental Health 2008, Alberta Health and Wellness
29. Continuing Care Strategy: Aging in the Right Place. Government of Alberta. Alberta Health and Wellness. December 2008. http://www.health.alberta.ca/documents/Continuing-Care-Strategy-2008.pdf
30. Ecumenical Health Care Network, www.ccc-cce.ca 416-972-9494 (13), http://waittimes.blogspot.com
31. Emergency Department Patient Experience Survey Highlights, April 2008 HQCA
32. Executive Accountability and Alignment April 1, 2009-March 31, 2010
33. Fact Sheet: Hospice Palliative Care in Canada. Canadian Hospice Palliative Care Association, April 2008
34. Fassbender. K & Finegan, B. (2010). End-of-Life Care Costs in Canada Disproportionate. www.expressneds.ualberta.ca/print/cfm?id=10352
35. Frontier Center For Public Policy: Policy Series, Canada Health Consumer Index 2009
36. Frontier Center For Public Policy: Policy Series, Euro-Canada Health Consumer Index (4)
37. Health Canada www.hc-sc-gc.ca/hcs-sss/qual/access/wait-attente/index- eng.php, "Wait Times In Canada" (11)
38. Health Care in Canada 2009: A Decade in Review. Canadian Institute for Health Information.
39. Health Care in Canada 2009: A Decade in Review. Canadian Institute for health Information. 2009 Cross Ministry Government of Alberta E Scan
40. Health Council of Canada (2007) Health Care Renewal and Chronic Illness: Report on a Public Consultation. Toronto: Health Council
41. Health Council of Canada (2007) Population Patterns of Chronic Health Conditions in Canada: A data supplement to *Why Health Care Renewal Matters: Learning from Canadians with Chronic Health Conditions. Toronto. Health Council*
42. Health Council of Canada Wading Through Wait Times: What do Meaningful Reductions and Guarantees Mean? (June 2007)
43. Health Council of Canada, 10 Steps to a Common Framework for Reporting on Wait times (November 2005)
44. Health Council of Canada, A Background Note on Benchmarks for Wait Times (November 2005)

45. Health Council of Canada, Wait Times and Access (January 2005)
46. Health Trends in Alberta: A Working Document (2007) Alberta Health and Wellness
47. Highlights of the Long Term Care Resident and Family Experience Survey, Dec 2008 HQCA
48. HQCA 2009 Measuring & Monitoring for Success
49. HQCA Health Quality Council of Alberta, 2009 Measuring and Monitoring for Success (22)
50. HQCA Health Quality Council of Alberta, Satisfaction with Health Care Services: A survey of Albertans 2008 (1)
51. http://www.nice.org.uk/usingguidance/benefitsofimplementation/costsavingguidance.jsp
52. Insight into Government, 2009 Finance and Enterprise
53. Leitch, Dr. K. Kellie. Reaching for the Top: A Report by the Advisor on Healthy Children & Youth. Health Canada
54. Lewis H, Purdie G. The blocked Bed: a prospective study. New Zealand Medical Journal 2001; 101
55. Mayo, Gayton D, Scott SC. Non-medical bed-days for patients admitted to acute care hospitals. Stroke 28
56. New Directions for Facility Based Long Term Care (2009) Canadian Health Care Association
57. New Directions for Facility based Long Term Care, Canadian Health Care Association, 2009 p 74-75
58. Patient First Review: Commissioners Report to the Saskatchewan Minister of Health (Tony Dagnone, October 2009)
59. Provincial Service Optimization Review: Final Report, December 2008 Alberta Health and Wellness (McKinsey)
60. Provincial Service Optimization Review: Final Report, Alberta Health and Wellness, December 2008, http://www.health.alberta.ca/documents/Service-Optimization-Review-2008.pdf
61. Quick Facts about Alberta and analysis of Stats Canada data by population health, Dec 2009. AHS, Population Health
62. Rising Tide: The Impact of Dementia on Canadian Society, Alzheimer's Society. 2010
63. Satisfaction with Health Care Services: A Survey of Albertans, July 2009 HQCA
64. Shapiro, E., Tate RB, Tabisz, E. Waiting Times for nursing home placement: the impact of patient's choices. Canadian Medical Association Journal 2002; 146
65. Statistics Canada, Catalogue no. 82-003-XPE. Health Reports, Vol 21, no. !, March 2010 Fitness of Canadian children and youth. Research Article AHS 2nd Quarter Performance Report, 2009/10
66. Statistics Canada. 2009. *Alberta* (table). *Health Profile*. Statistics Canada Catalogue no. 82-228-XWE. Ottawa. Released June 25, 2009
67. Status in Urban Canada (Ottawa, Ont.: CIHI, 2008)
68. Strengthening Communities: A Rural Health Strategy for Alberta 2010 – 2020 (draft - supported by the quick facts document)
69. The Council of Canadians (25), Wait Time Alliance Report Card Unfinished Business: Report Card on Wait Times in Canada (June 2009) (2)

70. The Council of Canadians (25), www.canadians.org/pulications/CP/2006/sprint/wait_times.html 1-800-387-7177 or inquiries@canadians.org

71. Vision 2020: Health Care for Today and the Future Phase One, Alberta Health and Wellness, December 2008. http://www.health.alberta.ca/documents/Vision-2020-Phase-1-2008-HL.pdf

72. Wait Time Alliance Report Card Unfinished Business: Report Card on Wait Times in Canada (June 2009) (2)

73. Why Health Care Renewal Matters: Lessons from Diabetes March 2007. Health Council of Canada